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# The Experience of Adults with Attention-Deficit/Hyperactivity Disorder in the Workplace

Josephine Laverne Harris  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Josephine L. Harris

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2020

Abstract

The Experience of Adults with  
Attention-Deficit/Hyperactivity Disorder in the Workplace

by

Josephine L. Harris

MS, Walden University, 2019

MA, University of Phoenix, 2010

BS, University of Phoenix, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

February 2020

## Abstract

Attention-deficit/hyperactivity disorder (ADHD) has been associated with children for many decades, but it can continue into adulthood. However, little research has focused on adults with ADHD or the specific processes through which such adults mitigate the challenges they face, especially in the workplace. The purpose of this qualitative, grounded theory study was to provide a better understanding of the strategies and support systems adults with ADHD use to overcome workplace challenges. Self-efficacy theory grounded the study, allowing for an understanding of the lived experiences of adults with ADHD in the workplace. The researcher conducted 12 semistructured interviews with adults with ADHD, from various employment backgrounds, who were currently working and had at least 3 months of work experience; the collected data were analyzed using a well-established, grounded theory coding procedure. Five themes emerged: (a) workplace challenges, (b) managing ADHD, (c) adaptive behaviors, (d) job satisfaction and levels of interest, and (e) acceptance and awareness. The results showed that many participants used to-do lists, calendars, peer reminders, assistants, and support from employers or coworkers to mitigate workplace challenges. As well as adding to the scholarly literature on adult ADHD, the study has several social change implications: The findings suggest several workplace changes that would mitigate the challenges for workers with ADHD, improve their productivity, and thus benefit themselves, their coworkers, and the organizations they work for.

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## Dedication

I dedicate this dissertation to my husband, Keith Harris. My husband's interest in my academic pursuits spurred and sustained my purpose and inspiration. My husband's constant encouragement to contribute something each day has been influential in my fulfillment of the requirements for the degree of Doctor of Philosophy. I also dedicate this dissertation to my five children, Tarsha, Latesha, Jamontay, Tony, and Deonte, whose sacrifice, support, and encouragement have been instrumental to the accomplishment of my educational endeavors. I love all of you.

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## Chapter 1: Introduction to the Study

### Introduction

In the past 20 years, adult attention-deficit/hyperactivity disorder (ADHD) has become an increasing concern in the workplace and society. As a result, research on the topic has increased, and medical practitioners and members of the public now know more about the executive functioning skills of those diagnosed with the disorder and the effects of ADHD symptoms on individuals and their families (Barkley, 2013; Biederman, Mick, Aleardi, Potter, & Herzig, 2005; Harpin, 2014; Iroegbu, 2015; Nguyen, Steel, & Ferrari, 2013; Rabenu & Tziner, 2016). Researchers have discovered psychosocial and cultural factors that influence adult ADHD in the family, home, and work environments and affect the daily living of individuals with the disorder (Barkley, 2015; Dempsey, Dyhouse, & Schafer, 2011). Medical practitioners and researchers have come to understand the typical responses of adults with ADHD to medications and cognitive behavioral therapy (CBT) interventions such as rational emotive behavioral therapy; in conjunction with CBT, mindfulness therapy, and dialectical behavioral therapy (DBT).

Most researchers have focused on (a) the executive functioning deficits of children and adults or on (b) the outcomes of psychosocial treatments and medications for adults living with ADHD. Therefore, it is evident from their findings that ADHD symptoms often have a significant impact on adults and their ability to perform work-related activities (Steinau & Kandemir, 2013). Information about adults with ADHD in the workplace and the challenges they encounter—as well as the strategies and support systems they use to thrive—are scarce. Furthermore, the data on the experiences of adults with ADHD in the workplace are confusing. For example, adult ADHD has had

significant legal implications for managers of organizations (Robbins, 2017). Because the government has required every organization to provide equal employment opportunities, failure to hire individuals because they have ADHD would be misguided. Not only must organizations follow laws and regulations regarding employing individuals with disabilities, organizations cannot afford to solve problems with employees with ADHD in biased or insufficient ways (Robbins, 2017). Researchers have also found that employees with ADHD felt underutilized and had low self-confidence and, therefore, mismanaged (Robbins, 2017). In this chapter, I examine the problem of adult ADHD in the workplace and outline the study that addressed the gaps in the existing literature. I also detail the research questions, the nature and purpose of the study, and the theoretical framework that guided the study. I then define the terms, assumptions, limitations, and delimitations of the project, and conclude the chapter with a discussion of the study's significance.

### **Background**

Researchers have suggested that employers seek job applicants with organizational skills, the ability to focus, the ability to work quickly and efficiently, and attention to detail (Carnes & Holloway, 2010; Dempsey et al., 2011). However, adults with ADHD have symptoms that have proved challenging in modern workplaces: developmentally unwarranted levels of inattentiveness, hyperactivity, and impulsivity (Barkley, 2013; Carnes & Holloway, 2010; Dempsey et al., 2011; Harpin, 2014). The impacts of this disorder are considerable and include both academic and occupational impairments that affect many life activities (Dempsey et al., 2011; Harpin, 2014). Although researchers and clinicians once associated ADHD primarily with children, they have come to recognize that the disorder persists into adulthood, interfering in both the

personal and professional domains (Barkley, 2013). This reconceptualization resulted partly from the findings of several longitudinal studies (Barkley, 2013; Carnes & Holloway, 2010; Dempsey et al., 2011; Harpin, 2014) that suggested that as many as 75% of individuals diagnosed with ADHD in childhood continue to have difficulties in adulthood (National Resource Center on Attention Deficit Hyperactivity Disorder, 2013). Furthermore, Barkley (2012) suggested that, in some cases, ADHD symptoms can increase twice as much with age and are likely to be associated with comorbid diagnoses such as anxiety, depression, and bipolar disorder. The symptoms of ADHD and its comorbidities have the potential to affect adults' levels of work performance.

Researchers have found a multitude of psychosocial problems among employees with ADHD: underemployment, unemployment, and psychological distress (Barkley, 2013; Harpin, 2014). It is, therefore, essential to prepare employees to use consistent and successful behavioral management strategies and build effective support systems. At the same time, however, researchers have shown that employees often struggle to apply effective behavioral management strategies (Biederman et al., 2005). CBT interventions have proved effective for children with ADHD in educational settings, but they have been less successful in the workplace because of how adults execute the skills that are learned and [how they?] build in intervention modules that prompt and support the application of these skills (Barkley, 2013; Dias et al., 2013; Knouse, 2014; Ramsay, 2010). Knouse (2014) confirmed that discussions about skills are of no use to adults undergoing CBT if those adults do not actually use the skills. In a similar vein, Ek and Isaksson (2013) concluded that adults with ADHD benefit from having a coach to support their functioning at work and help them to better manage their everyday activities. However,



few studies have documented behavioral management strategies that help adults with ADHD manage their symptoms in the workplace (Mordre, Groholt, Sandstad, & Myhre, 2012). Furthermore, few researchers have investigated the lived experiences of employees with ADHD, the challenges they encounter, or the ways that professionals work together to provide support for them.

### **Problem Statement**

Adult ADHD has been an increasing concern in workplaces (Carnes & Holloway, 2010). Approximately 9,000,000 working adults in the United States have been diagnosed with an attention disorder, according to the National Resource Center on ADHD (2013), an organization responsible for providing evidence-based and comprehensive information about the disorder. Adults with ADHD experience behavioral problems, and these problems can lead to difficulties in the workplace; for example, mood instability in the form of irritability, unpredictability, swift mood changes, bad temper, and low frustration tolerance (Barkley, 2013; Küpper et al., 2012; National Resource Center on ADHD, 2013). Küpper et al. (2012) suggested that co-occurrence of these symptoms may be interrelated, and mood instability may be understood as a core element of the ADHD disorder. Adults with ADHD may also experience excessive levels of stress, often leading to frustration (Blum et al., 2008; Küpper et al., 2012); and when these adults are frustrated, they are likely to become angry (Küpper et al., 2012). In some cases, individuals who experience excessive levels of stress may exhibit risky or impulsive behaviors, such as unexpected and explosive anger, uttering harsh words, throwing objects, tantrums, and leaving important meetings in a rage (Barkley, 2013; Blum et al., 2008; Dempsey et al., 2011; Küpper et al., 2012).

Because insufficient frustration tolerance, irritability, and anger outbursts are poorly tolerated in workplaces (Küpper et al., 2012), adults with ADHD may lose their jobs or become isolated from coworkers and friends (Barkley, 2013). Researchers have found that adults with ADHD may experience more difficulty with harassment, aggression, and physical and verbal abuse than from the disorder's core symptoms of inattention, hyperactivity, and impulsivity (Barkley, 2013; Dempsey et al., 2011; Küpper et al., 2012). To protect workers, employers have been gradually implementing zero-tolerance policies toward harassment and aggression, including physical and verbal abuse (Barkley, 2013; Küpper et al., 2012).

Individuals with ADHD face frequent terminations and job transitions, which lead to more overall frustration and unhappiness, and, in turn, limits help-seeking and development of behavioral management strategies and support systems that improve work performance (Bozionelos & Bozionelos, 2013; Cole et al., 2016; Morgensterns, Alfredsson, & Hirvikoski, 2015; Posner, Kass, & Hulvershorn, 2014; Ramsay, 2015). Researchers have suggested that people with ADHD could overcome tremendous workplace challenges if provided with the necessary CBT interventions and ADHD accommodations (Nguyen et al., 2013; Rabenu & Tziner, 2016). Coaching and self-regulation strategies and support systems (e.g., ADHD work-support groups, counselors, and informal education) can combat symptoms and thus? enhance work performance (Nguyen et al., 2013; Rabenu & Tziner, 2016; Ramsay, 2015). A combined treatment approach—CBT intervention, medication, and support systems (e.g., ADHD support groups and professional organizers)—can allow individuals with ADHD to control their core symptoms and improve their emotional adjustment, self-efficacy, and work

relationships (Harpin, 2014; Knouse, 2014; Nguyen et al., 2013; Rabenu & Tziner, 2016; Ramsay, 2010).

Despite increased rates of ADHD among adults, few researchers have addressed evidence-based interventions to overcome workplace challenges in this population. Many interventions available for adults with ADHD derive from work with children with the disorder, even though adults with the disorder most commonly experience symptoms of inattention in the workplace rather than the hyperactivity experienced by children with the disorder (Harpin, 2014; Ramsay, 2010). For example, clinicians working with children with ADHD have typically focused on increasing children's compliance in the classroom through contingency management strategies and reward-based strategies for improving daily functioning (e.g., organization and completion of tasks and homework). In CBT, adults must use skills in their daily lives, not just discuss them in treatment (Knouse, 2014). This gap in clinical knowledge has remained because researchers have not clearly identified behavioral management strategies and support systems to help employees with ADHD overcome workplace challenges. At the time of this study, there was a need for additional research to identify and understand suitable behavioral strategies and support systems that could inform organizational policies, practices, and programs to improve the workplace experiences of adults with ADHD.

### **Nature and Purpose of the Study**

The goal of this grounded theory study was to understand the perspectives of adults with ADHD and the behavioral management strategies or support systems that those adults used to improve their experiences in the workplace. I hoped to gain understanding of several phenomena involving these individuals, including (a) their

interactions in a work setting, (b) their interactions within work groups, (c) the relationship between their interactions and workplace challenges, and (d) work-related outcomes of existing behavioral management strategies and support systems. The findings of the study will be useful for employers, occupational professionals, and advocates who want to understand the lived experiences of adults with ADHD and the challenges they face. Another aim of the study was generation of recommendations for how to improve work environments to prevent adverse workplace outcomes for adults with ADHD.

I used a grounded theory approach involving semistructured interviews to provide an in-depth understanding. Creswell (2014) stated that collecting the personal experiences of study participants provides participants with a platform from which they can share their “voices” and express their lived experiences. In this study, participants’ personal experiences could help to improve understanding of how behavioral management strategies are used in a work setting. Thus, the purpose of this grounded theory study was to describe, from the employee perspective, how adults with ADHD created meaning out of workplace challenges. An essential feature of the grounded theory approach was the description of the different angles from which these adults experienced their work environments (Khan, 2014b).

### **Research Questions**

In this study, I sought to understand the perceptions and lived experiences of adults with ADHD with respect to the dynamics and stigmata they face in their workplaces. I aimed to shed light on the strategies and support systems that adults with ADHD use to overcome workplace challenges. Thoughtful consideration of these

objectives and a comprehensive review of the existing literature led to the development of two research questions:

1. What are the lived experiences of adults with ADHD in the work setting?
2. How do adults with ADHD describe their experiences of the specific strategies and support systems they use to help them cope with their ADHD in their workplaces?

### **Theoretical Framework**

ADHD is associated with psychosocial theories, including self-efficacy theory, which has become increasingly integrated into the study of workplace success and work performance in the context of how adults with ADHD succeed at work (Barkley, 2013; Iroegbu, 2015; Newark, Elsasser, & Stieglitz, 2016). Self-efficacy theory is a well-established theoretical framework that researchers have used to explain occupational performance and behavior (Adamou et al., 2013; Barkley, 2013; Bozionelos & Bozionelos, 2013; Dempsey et al., 2011; Ek & Isaksson, 2013; Harpin, 2014; Iroegbu, 2015; Rucklidge, 2010). Self-efficacy is a central component of Bandura's (1997) social cognitive theory. It is an individual's belief or confidence that he or she can successfully perform a behavior that is required to produce an outcome. The higher a person's level of self-efficacy, the more the person believes he or she can behave in ways necessary to achieve a given outcome (Bandura, 1997). An individual is likely to avoid situations or tasks that he or she believes exceed his or her ability (Bandura, 1997). Self-efficacy can be enhanced by (a) personal performance accomplishments, (b) vicarious learning, (c) social persuasion, and (d) physiological states and reactions (Bandura, 1997). Self-efficacy outcome expectations are specific to types of behaviors.

Expectations of work performance are beliefs about the results of success in specific tasks and behaviors. However, even if an individual has high self-efficacy, true or perceived challenges may impede the transformation of self-efficacy into job performance (Bandura, 1997; Chang & Edwards, 2015; Del Libano, Llorens, Salanova, & Schaufeli, 2012; Knouse, Anatopoulos, & Dunlosky, 2012; Newark et al., 2016). Ideally, in the absence of challenges, interests form goals, which form actions toward workplace success. Positive results further influence self-efficacy. If an individual perceives the obstacles to success of a work-related task as too challenging to overcome, the individual will eliminate the task, even after becoming accomplished at job-related tasks (Chang & Edwards, 2015).

Bandura's (1997) self-efficacy theory is a useful model for conceptualizing the lived experience of employees with ADHD and the strategies they employ to succeed in a work environment. Barkley (2012) argued that Bandura's self-efficacy provides a useful rubric for better understanding employees' perceived abilities to perform a given task. Employee self-efficacy is the perception that employees have of their own capabilities, as employees, to bring about the desired outcomes of self-motivation and self-learning. It also describes how employees' beliefs determine their working behavior. In this grounded theory study, I used self-efficacy to gain a more in-depth understanding of how adults with ADHD identify, describe, and experience workplace challenges and the behavioral management strategies they use to succeed in a work environment.

### **Definitions**

The terms that follow are used throughout the study as defined here.

*Attention-deficit/hyperactivity disorder:* ADHD is a behavioral disorder with symptoms of inattention, excessive activity, and impulsivity (American Psychiatric Association, 2013).

*Attention-deficit/hyperactivity disorder, inattentive type:* Inattentive-type ADHD is characterized by inattention (including failure to pay close attention to detail), organization problems, distractibility, difficulty following through with instructions, and difficulty processing information rapidly and accurately (American Psychiatric Association, 2013).

*Attention-deficit/hyperactivity disorder, hyperactive type:* Hyperactive-type ADHD is characterized by hyperactive or impulsive behaviors, such as talking excessively, interrupting others when talking, fidgeting, and impatience (American Psychiatric Association, 2013).

*Attention-deficit/hyperactivity disorder, combined type:* Combined-type ADHD blends the characteristics of both the inattentive and hyperactive types of ADHD; adults with this type of the disorder may exhibit any of the behaviors listed above (American Psychiatric Association, 2013).

*Behavioral management strategies:* Approaches that aim to reduce negative ADHD behaviors and promote on-task behaviors in a work environment (Nguyen et al., 2013; Young et al., 2015). These include organizing and prioritizing tasks, controlling impulsive behavior, and minimizing distractions, which help to improve job performance.

*Coaching strategies:* Interventions that specifically aim to remove the core impairments of ADHD (Olivier & Gomes, 2012), such as organization, problem-solving, planning, time management, and goal setting.

*Cognitive-behavioral strategies:* Interventions such as DBT, rational emotive behavioral therapy, and mindfulness therapy that assist with developing internal thoughts and actions that enable individuals to perform complex tasks (Lopez et al., 2013). These strategies are used to increase efficacy (Lopez et al., 2013; Young et al., 2015).

*Functional impairment:* A decrease in physical and mental ability that interferes with daily activities or tasks (Barkley, 2013).

*Self-efficacy:* An individual's beliefs about accomplishing a task, which can influence his or her choice of tasks, effort exerted, persistence, and overall level of achievement (Bandura, 1997).

*Self-management strategies:* Interventions that can assist with decreasing off-task and disruptive behaviors. These strategies also help to improve work performance through the promotion of self-awareness (Bussing et al., 2016).

*Work productivity.* The results of the effort that an employee has put into projects or tasks in the workplace.

### **Assumptions**

In this grounded theory study, I made the following five assumptions:

1. The participating adults with ADHD would describe a spectrum of experiences related to job challenges.
2. These adults would be able to describe during interviews their strategies and support systems within their workplaces.
3. Adults with ADHD would be willing to participate for duration of the study to inform research, education, and advocacy in the field of industrial and organizational psychology.



4. I assumed that participants would respond appropriately to the job-related questions and issues presented.
5. Although I acknowledged that participating adults with ADHD may not have realized the manner or extent to which workplace challenges and strategies or support systems influenced their productivity, I assumed that all participants would be open, transparent when answering the interview questions.

### **Scope and Delimitations**

I collected data from employed or previously employed adults with ADHD. Understanding of experiences of workplace challenges for those who worked/have worked two years, or more was limited. I focused the study on understanding of the behavioral strategies and support systems that adults with ADHD used to overcome workplace challenges. Their insights were relevant to other populations in similar conditions, and significant parts of the findings should be generalizable to other groups, such as adolescents with ADHD entering the workforce, undiagnosed adults, entrepreneurs, and adults with ADHD in different cultures. I focused solely on adults with ADHD and did not consider other disorders.

I did not seek statistical generalization of the findings. The data were not longitudinal. Without longitudinal data, I could not determine, for example, how early detection of ADHD influences career decisions.

### **Limitations**

Several limitations of this study must be addressed. First, the underlying workplace challenges varied base on where the participants were in their career

progression. Career development for an individual diagnosed with ADHD as an adult may be different from that of someone who was diagnosed as a child, for example.

Because ADHD affects workplace functioning, the results of this study were not generalizable to populations with other learning disorders or disabilities (Barkley, 2013).

Future research should expand the model to include other disorders or disabilities, such as autism.

I attempted to mitigate bias and any prior emotional or mental connection to the subject matter by gathering and analyzing data while consciously bracketing my presuppositions to avoid inappropriate subjective judgments (Moustakas, 1994).

Similarities and differences between interviewer and interviewees can affect the validity of data collected via interviews (Yin, 2011). Although I thoroughly mitigated bias, it may still have influenced (even unconsciously) my analysis of the interviews.

I employed purposeful sampling, which placed certain constraints and limitations on the study. I sought out participants who met the inclusion criteria for the study, which required a degree of self-reporting; participants had to disclose their ADHD diagnoses. As a result, the sample did not capture the experiences of all employed or previously employed adults with ADHD, because some employees did not disclose their disorders to their employers. I recruited participants by posting flyers on only one website, which may have been the cause of another limitation. For example, I recruited participants from ADHD organization websites with the approval of the advisory board's research subcommittee. I also recruited participants via e-mails through social media, such as Facebook, Instagram, etc. Despite these limitations, the study paved the way for more in-depth future explorations of the lived workplace experiences of adults with ADHD.

### **Significance of the Study**

This study explored the workplace experiences of adults with ADHD. Barkley (2012) and Harpin (2014) contended that adults with ADHD must possess the skills necessary to execute tasks in modern competitive workplaces. This study illuminated the specific experiences and voices of these adults and exposed problems, challenges, and failures within existing structures that led to recommendations about how to improve the workplace experiences and performance of adults with ADHD.

The findings suggested several potential benefits for both adults with ADHD and ADHD-friendly employers. The more that practitioners, advocates, and policy makers understand which strategies or support systems are successful for individuals with ADHD, the more they will be able to accommodate individuals with ADHD in the workplace. More employers may be willing to accommodate or support adults with ADHD with the resources they need to succeed in their professions. The results of this study may also enable employees to use existing strategies and support systems more, and thus increase their efficacy. New insights about how adults with ADHD overcome workplace challenges may result in positive work experiences for more employees and improve their overall work performance. I believe that an understanding of individual experience was critical to achieving a holistic understanding of this issue. How these individuals understood themselves and described their experience was the linchpin of the phenomenon.

The results of this study have implications for positive social change at the individual, organizational, and societal levels. At the individual level, the results may inform other employees with ADHD who have had similar experiences in their

workplaces and provide them with employment tools to help improve their job performance and enable them to remain employed and succeed in the modern workforce. At the organizational level, the results of this study could improve practices across states. For example, this knowledge could help organizational leaders to develop policies, support systems, training and other interventions to assist employees with ADHD in their organizations.

The results of this study could also have implications at the societal level, should members of the public become more aware of adult ADHD in the workplace and employers promote equal employment opportunities for adults with ADHD. Additional studies that identify useful workplace strategies for adults with ADHD would also better equip organizations with missions involving the provision of social support to people with ADHD and affected by ADHD. At the time of the study, CHADD was among those organizations.

### **Summary**

Researchers have overlooked the workplace experiences of adults with ADHD. Rather than concentrating on the prevalence of ADHD among adults, this grounded theory study focused on the spectrum of experiences encountered by adults with ADHD in the workplace. Exploring these experiences facilitated a deeper understanding of how adults with ADHD apply strategies and support systems to succeed in their workplaces. Employers, policy makers, and clinicians have as much to gain from understanding these experiences as the employees do. At the time of the study, the lived experiences of adults with ADHD and their strategies and support systems for succeeding in their workplaces were part of a major gap in the existing literature. However, through constant

comparison, which serves to uncover and explain patterns and variations of these adults' lived experiences. These comparisons will help fill in the gap for a better understanding of adults with ADHD and their management and supportive strategies in the workplace.

In Chapter 2, I review literature pertaining to the research questions and the phenomenon of adults with ADHD in the workplace. In Chapter 3, I present the method and design of the study. In Chapter 4, I discuss the research findings, and in Chapter 5, I interpret those findings and discuss their implications for social change and recommendations for future research.

## Chapter 2: Literature Review

### Introduction

Adult ADHD has been increasingly recognized as a disorder that affects occupational functioning (Barkley, 2013; Biederman et al., 2005; Harpin, 2014; Iroegbu, 2015; Nguyen et al., 2013; Rabenu & Tziner, 2016). However, employers have often misunderstood adult ADHD in the workplace or failed to acknowledge it sufficiently (Barkley, 2013; Harpin, 2014). The World Health Organization (as cited in Rabenu & Tziner, 2016) recently reported growth of underemployment and unemployment among individuals with ADHD symptoms. According to the same study, 56% of employees with ADHD stated that their ADHD “strongly impacts their ability to succeed in the workplace” (Rabenu & Tziner, 2016, p. 354). Not only have adults with ADHD been exposed to the same social and emotional pressures as their peers, they have also had to perform in work settings that typically have provided few if any supportive services. Furthermore, supervisors have not always been aware that individuals under their supervision had ADHD (Carnes & Holloway, 2010); this factor has made it difficult for adults with ADHD to request the support needed to succeed in such workplaces.

In this chapter, I review existing literature, including a discussion of the workplace experiences of adults with ADHD and the effectiveness of strategies or support systems that help them succeed. I also explore the symptoms and prevalence of ADHD and comorbid disorders in the context of work. Finally, I review literature on the workplace challenges faced by employees with ADHD, including strategies and support systems used to address those challenges and their relationship to workplace performance and employee self-efficacy.

### **Literature Search Strategy**

I searched the literature with a variety of databases and keywords. The following databases—Academic Search Complete, ABI/Inform Complete, ERIC, ProQuest Career, Technical Education: Business, ProQuest Dissertations, PsycARTICLES, PsycINFO, and ScienceDirect—were searched with combinations of the following terms: *ADHD*, *adult ADHD*, *attention-deficit/hyperactivity*, *adults*, *disorder*, *occupations*, *professional*, *support systems*, *workplace challenges*, *workplace*, *work environment*, *job performance*, *workplace strategies*, and *work*. Supplementary searches included the terms *attention deficit with hyperactivity*, *disabilities*, *CBT strategies*, *occupational choice*, *professional guidance*, *self-efficacy*, and *workplace cost*. I limited the search results to peer-reviewed sources published within the past 5 years. I also reviewed empirical research in relevant areas that appeared in a wide series of publications. Because of the limited results found on adults with ADHD in the workplace, I reviewed some literature that is more than 5 years old. I identified these older sources through the references in other sources.

### **What is Adult Attention-Deficit/Hyperactivity Disorder?**

The American Psychiatric Association (2013) defined ADHD as “a pattern of inattention or hyperactivity-impulsivity that is more repeatedly displayed and more severe than is typically observed in individuals at a comparable level of development” (p. 59). The American Psychiatric Association further identified three types of ADHD: (a) predominantly inattentive, (b) predominately hyperactive or impulsive, and (c) a combined type that meets criteria for both the inattentive and hyperactive types. The inattentive type of ADHD includes failure to pay close attention to details, difficulty in sustaining attention during tasks, an appearance of not listening when spoken to, and easy

distractibility. The hyperactive type includes physical fidgeting (tapping of the hands or squirming in the seat is a common manifestation in children as well as adults) and impulsivity (with symptoms such as excessive talking, interruption during conversations, and making major decisions without proper deliberations). More recently, Steinau and Kandemir (2013) defined ADHD as a “brain disorder marked by ongoing patterns of inattention with or without symptoms of hyperactivity and impulsivity that interferes with advancement and functioning” (p. 41). Steinau and Kandemir further stated that the areas of functioning affected include working memory, planning and problem-solving, and self-efficacy. Researchers have noted that these ADHD symptoms may have a significant impact on adults and their ability to perform work-related activities (American Psychiatric Association, 2013; Steinau & Kandemir, 2013).

### **Symptoms and Characteristics**

Adults diagnosed with ADHD form a diverse group but have elevated risk factors for depression, conduct disorder, and learning disabilities, which have adverse outcomes that affect their interpersonal and work-related performance (Almasi, 2016; Lopez et al., 2013). Almasi (2016) administered questionnaires to 414 patients and asked about their past and present symptoms of ADHD, comorbid conditions, and treatment history. Almasi identified a 4%–5% reduction in work performance based on these factors. The participants were also more inclined to experience interpersonal risk factors and workplace impairments than individuals without ADHD (Almasi, 2016).

Workplace impairments are a matter of concern for many reasons, including the need for increased support for impaired employees, which requires the use of behavioral strategies in the workplace. An abundance of occupational studies have reinforced the



belief that behavioral strategies should be at the core of workplace experiences (Adamou et al., 2013; Barkley, 2015; Harpin, 2014; Van Hulst, de Zeeuw, & Durston, 2015).

Professional practices that accommodate behavioral strategies for employees with ADHD significantly assist qualified workers (Van Hulst et al., 2015). Accommodations and behavioral strategies fostered by a commonality of purpose and shared principles help employees with ADHD establish a support system inside and outside the workplace. It is not difficult to imagine, however, that adults with ADHD who lack such strategies and support systems may not feel as proficient as their coworkers who have the skills to perform successfully in the workplace. To date, few researchers have addressed this question.

### **Comorbid Disorders**

Comorbid disorders have been common in adults with ADHD, with 90% having at least one additional psychiatric disorder that affects their work performance and interaction with their peers (Barkley, 2013; Brod, Pohlman, Lasser, & Hodgkins, 2012; Iroegbu, 2015; Kumperscak, 2013; Rabenu & Tziner, 2016). The most frequent comorbid disorders in adults have been substance abuse disorder, mood and anxiety disorder, antisocial personality disorder, and depression (Brod et al., 2012; Rabenu & Tziner, 2016). Depression has been the most common of these (Kirino, Imagawa, Goto, & Montgomery, 2015). Kirino et al. (2015) stated that depression may result from reaction to environmental stressors associated with having ADHD, such as viewing the work environment as unpredictable, seeing coworkers as unfriendly or rejecting, or thinking that the workplace is a cynical and overwhelming place. These attributes may lead to

further conflicts in relationships with employers and coworkers (Kirino et al., 2015; Seli, Smallwood, Cheyne, & Smilek, 2014).

### **The Prevalence of Attention-Deficit/Hyperactivity Disorder in Adulthood**

Historically, clinicians and researchers thought ADHD was a childhood disorder that continued through adolescence. However, researchers have found that in many cases, symptoms of ADHD or attention-deficit disorder persist into adulthood (Adamou et al., 2013; Brod et al., 2012; Ek & Isaksson, 2013; Kirino et al., 2015). Symptoms linked with inattention are the most common among adults (Barkley, 2013; Kirino et al., 2015; Seli et al., 2014). According to the National Comorbidity Survey Replication, 4.4% of adults aged 18–44 years of age had ADHD (Rowland et al., 2015). Of those adults with ADHD, 38% were women and 62% were men (Rowland et al., 2015; Thomas, Sanders, Doust, Beller, & Glasziou, 2015). However, others have estimated the prevalence of ADHD in adulthood to be as high as 8% (Adamou et al., 2013; Brod et al., 2012; Ek & Isaksson, 2013; Kirino et al., 2015; Martinez-Raga, Szerman, Knecht, & Alvaro, 2013; Seli et al., 2014). If ADHD symptoms persist into adulthood, then adult ADHD has been continuously growing (Seli et al., 2014). Researchers estimated that ADHD affected 4,400,000 adults in the United States alone (Nakamura, Ohnishi, & Uchiyama, 2013), with only 10% receiving a diagnosis based on the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) screening (Arns, van der Heijden, Arnold, & Keremans, 2013; Rowland et al., 2015; Thomas et al., 2015). These statistics underscore the need to investigate adults with ADHD in work environments to understand the challenges these individuals face.

### **Treatment Findings**

Systematic reviews of psychosocial treatments for adults with ADHD indicated strong empirical support for improved behavioral coping strategies from employment accommodations and CBT that reduce impairments in home, workplace, and community settings (Ramsay, 2010, 2017). Mindfulness-based cognitive therapy (MBCT) involves CBT approaches, and both use similar methods, such as attention regulation, executive functioning, and emotion regulation (Mitchell, Zylowska, & Kollins, 2015). MBCT teaches that the effective way to identify triggers (e.g., inattentiveness, hyperactivity, and impulsivity) and manage stress and anxiety is to develop ongoing awareness and acceptance of the present moment (Janssen et al., 2015). Janssen et al. (2015) demonstrated that MBCT treatments are a valuable option alongside CBT interventions for adults with ADHD and may be better at alleviating ADHD symptoms. Other researchers showed that adults with ADHD can be taught to reduce mind wandering and distractibility using a mindfulness meditation approach (Bachmann, Lam, & Philipsen, 2016).

Interventions using CBT also positively affect the quality of life and work relationships of adults with ADHD (Ramsay, 2017). Adults typically choose CBT programs, medications, and accommodations based on factors related to efficacy, feasibility, and empirical support (Knouse & Fleming, 2016). For example, DBT (a form of CBT) strives to enhance a person's ability to manage psychological and emotional functioning, improve motivation, and ensure that new behaviors are generalized to daily life (Cole et al., 2016; Knouse, Teller, & Brooks, 2017). Fleming, McMahon, Moran, Peterson, and Dreessen (2014) found that DBT improved ADHD symptoms and

depression. Nasri et al. (2017) conducted a study similar to that of Fleming et al. and found that DBT improved ADHD symptoms, depression, perceived stress, and anxiety.

Practitioners have also used MBCT, which consists of a combination of CBT and mindfulness and breaks down attentive behaviors through adaptation of maladaptive cognition to improve coping strategies, to help adults with ADHD who are inattentive or have limited executive functioning (Lee et al., 2017). For example, Hepark et al. (2015) reported, based on self-report questionnaires and examinations, that MBCT resulted in significant reduction of ADHD symptoms. MBCT improved attention performance, emotional symptoms, and quality of life for adults with ADHD and should be considered as an effective treatment for adults with ADHD. Quite often, adults with ADHD have discovered that evidence-based treatments like CBT, DBT, and MBCT facilitate socially significant changes in both their own and their employers' behavior (Janssen et al., 2015; Robbins, 2017). Despite participants' reports of significant improvement with psychosocial interventions such as CBT, DBT, and MBCT (Canela, Buadze, Dube, Eich, and Liebreinz, 2017; Ramsay, 2017), researchers have yet to provide details of implications of psychosocial interventions and how adults with ADHD can cope with their symptoms and their personal experiences in their workplaces using these interventions.

Because these treatments involve teaching coping strategies (e.g., focusing an individual's attention toward emotions, thoughts, and sensations in the present moment or self-regulating skills), they are also relevant in various settings, such as school, work, and socializing. Several researchers have shown that many adults experience benefits and improvements using psychosocial approaches; DBT and CBT have been particularly

useful for adults who responded partially or not at all to psychopharmacological treatment (Cole et al., 2016; Knouse et al., 2017; Lee et al., 2017). Overall, researchers have suggested that future investigators should examine evidence-based behavioral strategies and support systems to mitigate symptoms, improve workplace performance, and reduce incidence of work-related failure among adults with ADHD. In the next section, I further discuss the impact of ADHD on employment and the core challenges faced by adults with ADHD face.

## **Impact of Attention-Deficit/Hyperactivity Disorder on Employment**

### **Job Applications**

Researchers have identified that adults with ADHD experience impairments in all aspects of employment, from the initial job search and interview to the work itself (Adamou et al., 2013; Dempsey et al., 2011; Mordre et al., 2012). When searching for employment, adults with ADHD often find themselves disorganized and isolated and find it difficult to interact with professionals such as employment advisors, career counselors, therapists, and mental health professionals (Adamou et al., 2013; Pitts, Mangle, & Asherson, 2015). Pitts et al. (2015) administered questionnaires to 210 adults (105 with ADHD and 105 without). The authors used a lifetime impairment survey to probe the effects of ADHD on everyday life, especially job searching. Of concern was an issue with relationships and interactions with others and mental health professionals, whom they consulted to assist with job readiness and job-searching skills. Even though the employment process for adults with ADHD might not be different from the process for those without ADHD, the experiences of adults with ADHD were different (Pitts et al., 2015). Participants with ADHD said they were reluctant to seek professional guidance

from others or mental health professionals because of lack of awareness that the condition persists in adults. Due to a lack of training and education among professionals, members of the public have lacked awareness of ADHD in adulthood. This has led individuals to become disconnected and disengaged from the system in general (Pitts et al., 2015). For example, adults with ADHD have poor concentration and a poor understanding of social standards, which results in them avoiding tedious tasks (e.g., writing specific application forms, completing forms accurately, and providing accurate responses; Adamou et al., 2013; Mordre et al., 2012). Adults with ADHD also face specific challenges concerning job interests, needs, abilities, and ascertaining what kinds of job placements are appropriate (Pitts et al., 2015).

### **Job Interviews**

During a job the interview, an individual with ADHD may come across as talkative and sociable. Adults with ADHD may be inaccurate about their past employment history and may exaggerate their ability to perform the tasks required by the job (Adamou et al., 2013; Cartwright, 2015; Steinau & Kandemir, 2013). Although these may be characteristics shared with many interviewees (regardless of whether they have ADHD), adults with ADHD must decide whether to disclose their disorder on the application form or during the interview. Employers have not typically understood the implications of ADHD or the behavioral strategies that adults with ADHD employ in the workplace to succeed (Adamou et al., 2013). Employers' may be concerned about an employee having a profound and long-term condition and may not be aware that the disease can be effectively treated and managed or how to provide reasonable accommodations. Such accommodations could include the restructuring of job duties and

organizational helpers (e.g., planners, personal digital assistants, timers, alarm clocks, etc.). Navigating these challenges—as well as when and how to disclose an ADHD diagnosis—is crucial to the interview process. As such, interview preparation is essential for adults with ADHD and helps them land jobs (Barkley, 2013).

### **Working Environment**

Once employed, an adult with ADHD may be a highly motivated employee; however, depending on the task, ADHD symptoms soon begin to influence the individual's performance. Researchers have found that well-designed employment (that provides support from administrators and managers) mitigates organizational problems and may complement ADHD symptoms (e.g., a flexible work schedule or highly creative work; Adamou et al., 2013). However, most occupations are impacted by symptoms of inattention, impulsivity, and hyperactivity (Adamou et al., 2013). Therefore, adults with ADHD need to be queried directly—as this study did—on the forms of jobs that they find most conducive to performing well.

### **Core Challenges Faced by Adults with Attention-Deficit/Hyperactivity Disorder in Work Settings**

When provided with appropriate treatment (such as medication), individuals with ADHD have often reported significant improvement in their ability to work effectively (Barkley, 2013; Biederman et al., 2005; Chang & Edwards, 2015; Martinez-Raga et al., 2013; Seli et al., 2014). However, when untreated (or when medication is not active), such individuals may be significantly impaired in their ability to perform job-related tasks (Chang & Edwards, 2015; Verheul, Rietdijk, Block, Franken, & Thurik, 2016). Adults with ADHD lack self-management skills because their executive functions are impaired.

## **Effects of Executive Functioning on Work**

In adulthood, ADHD is associated with impairments in various major life activities, particularly job-related activities, because it involves deficits in executive functioning (Ramsay, 2017). Dysfunction in a single executive skill can interrupt the development and execution of behavioral strategies in daily life, creating functional impairments (Ramsay, 2017). For example, behavioral inhibition (otherwise known as otherwise known as self-regulation) allows individuals to pause or delay responses to the environment to assess, plan, and execute goal-oriented actions that influence potential outcomes. According to Ramsay (2017), behavioral inhibition undergirds the symptoms of ADHD. These challenges may influence the utilization of behavioral strategies in the workplace by individuals with ADHD.

ADHD also interferes with the ability to change behaviors and use problem-solving strategies (Ramsay, 2017). As a result, individuals may realize what needs to be done to improve their functionality but have difficulty following through, which means that ADHD is a performance disorder (Coetzer, 2016; Ramsay, 2017). Adults with ADHD also struggle with derived effects of executive dysfunction related to using coping strategies, managing coexisting problems, and overcoming negative thoughts and potential failure resulting from past setbacks (Chang & Edwards, 2015; Martinez-Raga et al., 2013; Ramsay, 2017; Seli et al., 2014). Such challenges lead to lower job performance and success. Adults with ADHD are less likely to maintain their jobs or excel in them than adults without ADHD, and adults with ADHD are also more likely to experience failure than those without ADHD (Coetzer, 2016).



## **Effects of Procrastination**

Procrastination can also prevent adults with ADHD achieving workplace success because of their limited abilities in the areas of time management, organization, and prioritization (Schafer et al., 2013). Fletcher (2013), for example, found that adults with ADHD typically had procrastination as a key symptom, which resulted in a 10% reduction in employment. Such procrastination often relates to a lack of time management skills and self-control and decreased ability to maintain attention, increase focus, and sustain thought, effort, and motivation (Fletcher, 2013). Bozionelos and Bozionelos (2013) found similar results in a sample of employees with ADHD, reporting a significantly higher cumulative average rate of procrastination among ADHD employees in the workplace.

Researchers have similarly found that young adults (aged 17–24 years old) with ADHD have procrastination tendencies due to their attention deficits (Nguyen et al., 2013). Nguyen et al. (2013) and Young et al. (2015) reported that young adults with ADHD experienced workplace procrastination tendencies such as inattention, impulsivity, disorganization, inaccurate perceptions of time, and affective difficulties. These individuals may also have difficulty with social interactions (Almasi, 2016). These behaviors make it hard for individuals with ADHD to work effectively with coworkers, perform job-related activities, and interact with teams (Barkley, 2013; Fuermaier et al., 2013; Klein, Mannuzza, & Olazagasti, 2012; Lopez et al., 2013; Surman et al., 2013).

Lack of organization and prioritization skills also affect job performance (Coetzer, 2016). Coetzer (2016) reported that individuals with ADHD had difficulty getting or staying organized, and had trouble prioritizing tasks at work. The author

concluded that the symptoms of adults with ADHD were negatively associated with incompetent project managers. People who have trouble organizing and starting tasks, concentrating, sustaining effort, managing emotional interference, and using short-term memory are more likely to experience procrastination (Coetzer, 2016). They are also less likely to activate projects, complete task requirements, organize and plan efficient projects, manage project members, and ensure successful execution of projects (Coetzer, 2016). Although these few researchers have examined the effects of ADHD in the workplace, more research is needed to understand fully the obstacles that adults with ADHD encounter at work and how they overcome them.

### **Managing Attention-Deficit/Hyperactivity Disorder in the Work Setting**

The characteristic traits of ADHD—inattention and distractibility—make organization a significant challenge for adults with this disorder. However, several evidence-based interventions exist that help individuals manage ADHD symptoms in the workplace (Fried et al., 2012; Nadeau, 2005; Shahab & Nisa, 2014; Young et al., 2015). Gerber, Ginsberg, and Reiff (1992) examined the patterns of 71 successful adults with learning disabilities, many of whom shared common attributes with adults with ADHD. Gerber et al. found that external factors that contributed to participants' success included having a coach or mentor and supportive coworkers. More specifically, Gerber et al. revealed that 46% of employees with ADHD found that it was beneficial to work in an environment that offered support and accommodations, such as modifying the work setting to create structure and reduce distractions.

Nadeau (2005) found that adults with ADHD who used environmental modifications that limited internal and external distractions (e.g., a job that is physically active or integrates exercise into the daily routine) obtained a benefit compared to individuals with ADHD without access to environmental modifications. Dipeolu, Hargrave, and Storlie (2015) similarly found that individuals could efficiently manage ADHD symptoms with workspace and structure modifications, such as using a strict schedule and minimizing external distraction in the immediate work environment. Thus, it seems vital for adults with ADHD to have a structured work environment if they are to complete a task or project. Behavioral strategies focused on internal and external distraction alongside such modifications increases workplace performance for such individuals (Kysow, Park, & Johnston, 2017). However, more information is needed to assist adults with their individual needs, because each person's ADHD symptoms are different.

Researchers indicated that providing support systems and behavioral strategies can help adults with ADHD (Barkley, 2012; Halloway & Ratey, 2011; Shahab & Nisa, 2014). More recently, research has focused on CBT and medication strategies that improve attention control and memory, problem-solving strategies, planning and organizational strategies, resources for time management, and interpersonal strategies (Young et al., 2015). The combination of pharmacological and psychological approaches has encouraged adults with ADHD to maintain and practice skills learned during therapy and gradually improve their levels of competence and workplace functioning (Huang, Qian, & Wang, 2015). Morgensterns et al. (2015) further examined skill training applications and found that employers and coworkers rarely considered the fact that

accommodations and behavioral strategies in the workplace can be crucially important to an employee with ADHD. It appears that adults with ADHD face enormous challenges coping with ADHD in the workplace, and there is a need to understand which behavioral strategies allow individuals with ADHD to succeed. In the next section, I explore what has been discovered about effective workplace interventions.

## **Workplace Interventions**

### **Psychosocial Interventions**

Psychosocial interventions are highly beneficial for adults with ADHD. These interventions teach compensatory strategies for reducing ADHD symptoms and addressing work impairment (Adamou et al., 2013; Barkley, 2013; Davis, Storlie, Dipeolu, & Smyth, 2015; Young et al., 2015). Davis et al. (2015) found that psychosocial interventions could be helpful for continuing problems not diminished by medication, including educational difficulties, relationship problems, and workplace difficulties. Indeed, skills-based CBT for adults with ADHD has received increasing empirical support. For example, Solanto et al. (2010) conducted a trial with 88 participants that compared group-based CBT for adults with ADHD to a supportive educational group. They found that group-based CBT resulted in a significant reduction in ADHD symptoms akin to the outcome of treatment with medication. Safren et al. (2010) similarly found that individual CBT for adults with ADHD receiving medication but showing residual symptoms resulted in greater symptom reduction than an active control, relaxation with professional support. Solanto et al. emphasized that skills-based psychosocial treatments for adults with ADHD (both group and individual) are valuable adjunctive treatments alongside ADHD medications.

Given that researchers have deemed psychosocial treatments to be highly beneficial, it was unclear why practitioners have not used them more for adults with ADHD in workplace settings. Is it possible that such adults have had less access to workplace support or accommodations? Or perhaps they have lacked knowledge of the behavioral strategies required to complete a task or project. Further research is needed to examine adults' use of behavioral strategies in the workplace.

### **Cognitive-Behavioral Therapy Interventions**

CBT has helped individuals reduce ADHD symptoms with a behavioral approach. In CBT, people are taught to rely on controlling the thoughts and actions that precede targeted behavior to avoid occurrence of behavior problems (Fuermaier et al., 2013). Fuermaier et al. (2013) found that 32.9% of patients with ADHD experienced a decrease in symptoms using a CBT approach in combination with medication. However, it was unclear to what extent symptom reduction could be attributed to CBT. In other studies, CBT has been as effective as medication (Canu & Wymbs, 2015; Lindstedt & Umb-Carlsson, 2013; Young et al., 2015). For example, Dittner, Rimes, Russell, and Trudie (2014) examined psychosocial approaches in 60 adult patients clinically diagnosed with ADHD. Participants attended a specialist clinic and were randomly allocated to one of two treatments plus 16 sessions of individual CBT. Measures included self-ratings of ADHD symptoms, functioning (work related and social), distress, mood, ADHD-related cognition, and ADHD-related behavior along with informant ratings of ADHD symptoms. The results indicated that CBT for adults with ADHD had improved their symptoms. Researchers have also shown CBT improves outcomes for depression, anxiety, and occupational functioning (Huang et al., 2015; Janssen et al., 2015).

Other researchers examined the effects of CBT and DBT for reducing the symptoms of ADHD in 49 patients aged 30–40 years. Participants completed a 1-year program of individual and group therapy in separate sessions with different modules, such as mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance, impulsivity/hyperactivity, and attention. After weekly individual and group sessions, participants were exposed to homework assignments. The researchers discussed patients' evolution and challenges encountered during individual and group sessions (Cole et al., 2016). The researchers showed that participants who contributed individually and in structured psychoeducational DBT/CBT groups improved their daily work activities and reduced their levels of depression, anxiety, and interpersonal difficulties (Cole et al., 2016). In combination with pharmacological treatments, CBT/DBT improved ADHD symptoms and reduced expression of anxiety and impulsivity (Cole et al., 2016). These findings and others suggest that a structured psychotherapeutic approach is useful for patients who respond moderately or not at all to medication treatment (Pettersson, Soderstrom, Edlund-Soderstrom, & Nilsson, 2017; Ramsay, 2017).

In further support of the findings of Pettersson et al. (2017) and Ramsay (2017), Knouse et al. (2017) conducted a meta-analysis of the effects of individual and group CBT on adult ADHD; the effects were equivalent to those of medication. The researchers found that CBT treatments for adults varied, for example, in the extent to which they covered topics related to adult ADHD compared to focusing on skills that targeted core symptoms of the disorder (Knouse, 2014; Knouse & Fleming, 2016; Young et al., 2017). Knouse et al. (2017) further examined effects of treatment versus control and effects pre- and posttreatment to exploit the clinical and research findings in this growing field.

Knouse et al. (2017) found that existing literature on CBT for adult ADHD had shown effect sizes equivalent to those for well-established behavioral treatments for children with ADHD.

### **Coaching Strategies**

Coaching has become an increasingly popular intervention for adults with ADHD, despite little empirical investigation of its effectiveness for this population. Coaching is an extremely individualized intervention that focuses on planning, goal setting, time management, organization, and problem-solving (Kubik, 2010; Prevatt, Lampropoulos, Bowles, & Garrett, 2011). Prevatt and Yelland (2013) examined ADHD coaching, including coaching structure, processes, efficacy, and correlates of positive results. Prevatt and Yelland found that clients who received an extensive coaching program showed significant improvement in the areas of studying and learning strategies, self-efficacy, symptoms of distress, and satisfaction with school and work. These findings remained true when coaching was combined with CBT with psychoeducational techniques.

Although few researchers have examined ADHD coaching alone, some have looked at combinations of ADHD coaching and other techniques. Tuttle, Ahmann, and Wright (2016) found that coaching was effective for supporting beneficial client outcomes and possibly contributed positively to multimodal treatment approaches that included CBT, medication, or both. Tucha (2017) also studied supports for clients with ADHD and missed opportunities, including the outcomes of nonpharmacological interventions such as coaching and CBT. Tucha found that pharmacological therapies have beneficial effects on clients' functioning but should not be understood as a

standalone option. Tucha recommended combined treatment because of its long-term efficacy and the additional support that it offers clients in applying their improved abilities. The findings discussed in this section suggest that psychosocial interventions and pharmacological treatments reduce impairment and improve coping skills in adults with ADHD. However, they lead to further questions about self-regulation strategies, such as cognition and belief, and their efficacy.

### **Self-Regulation Strategies**

Surman et al. (2013) found positive evidence for the efficacy of self-regulation strategies for individuals with ADHD. Self-assessment strategies seek to increase self-control of behaviors. Such strategies provide adults with ADHD with the self-sufficiency necessary to monitor and analyze task requirements, set productive goals, and select, adapt, or invent strategies to accomplish objectives. Individuals using these strategies also assess progress as they work through a task, address intrusive emotions and waning motivation (Surman et al., 2013), and alter strategies to promote success (Barkley, 2013). Knouse (2014) agreed that self-regulation strategies help adults with ADHD to become more self-confident and adapt strategies reflectively and flexibly with iterative sequences of task analysis, strategy use, and monitoring. Reid, Bramen, Anderson, and Cohen (2014) stated that consistent self-monitoring behavior often leads to behavior improvements such as memory and organization skills.

The meta-analyses of Fuermaier et al. (2013), Prevatt and Yelland (2013), Safren et al. (2010), Surman et al. (2013), Tucha (2017), and Tuttle et al. (2016), all of whom examined various interventions for ADHD and their outcomes, provided useful summaries of ADHD interventions. For ADHD symptoms (inattention, hyperactivity, and



impulsivity), pharmacological treatments were the most effective, followed by psychosocial interventions such as CBT, social skills, and coaching training for hyperactivity. Psychosocial interventions were most effective for behavioral outcomes. Combined and multimodal interventions (e.g., coaching and self-regulation training) were most useful for social outcomes, and all interventions were generally useful for personal/emotional outcomes. Robbins (2017) linked successful CBT outcomes to employment of good coping strategies and support systems.

Because the challenges faced by adults with ADHD can affect multiple domains within the work environment, employees can create an environment that is ADHD friendly, “enabling them to employ the behavioral strategies that are appropriate for them to succeed in the workplace” (Fields, Johnson, & Hassig, 2017, p. 70), which can lead to improved behavioral strategies or support systems in workplaces. An ADHD-friendly work environment is critical because it can influence the ability of an employee with ADHD to succeed. Despite extensive investigation of the use of psychotherapy and medication for ADHD in children, adolescences, and adults (Tuttle et al., 2016), very few researchers have studied the lived experiences of adults with ADHD and the behavioral strategies or support systems they use to operate effectively in work settings (Fields et al., 2017; Tuttle et al., 2016). Employers, employees, and organizations have all expressed frustration when interacting with adults with ADHD in work environments because of these individuals’ lack of organization, poor time management, and procrastination (Lasky et al., 2016; Schreuer, 2015). To facilitate ADHD-friendly work environments, adults with ADHD must share with their employers their experiences and the behavioral strategies and support systems that they use. Employers and their employees with ADHD

must then work jointly to determine accommodations or services needed for workplace success. In the next section, I outline the theoretical framework used in the study, Bandura's (1997) theory of self-efficacy.

### **Theoretical Framework**

In addition to all the factors that can potentially impact the work performance of adults with ADHD, their self-efficacy must also be considered. Bandura's (1997) theory of self-efficacy provides a framework for examining the experiences of adults with ADHD. Bandura defined self-efficacy as an individual's beliefs regarding his or her personal ability to execute a given behavior successfully, "the ability in which module of cognitive, social, and behavioral skills must be structured into integrated courses of action to serve a countless purpose" (Bandura, 1997, p. 122). According to this theory, individuals possessing a high level of self-efficacy (a) set higher goals; (b) demonstrate stronger commitment, motivation, resilience, and determination; and (c) are more likely to reach their goals (Bandura, 1997). Researchers have been interested in how levels of self-efficacy and support systems in the workplace impact the performance of adults with ADHD.

Social-cognitive theorists have also established that in the absence of a belief that a desired outcome can be accomplished, individuals have little interest in pursuing ambitious goals or striving toward resiliency during challenging moments (Knouse et al., 2012). Within a work setting, researchers have shown that numerous negative experiences affect the development of individuals' self-efficacy (Del Libano et al., 2012). Others have found that as negative beliefs about an individual and his or her abilities emerge, the individual struggles to deal with challenging tasks (Bandura, 1997; Barkley,

2013; Newark et al., 2016). Newark et al. (2016) stated that by developing maladaptive coping strategies, such as procrastination and avoidance, adults with ADHD maintain and emphasize their negative self-perspectives but remain incapable of coping with problems. Such individuals become trapped in a vicious cycle of failure (Newark et al., 2016). It is thus no surprise that investigators have often found that adults with ADHD had reduced self-confidence and low self-efficacy (Reid, Hagaman, & Graham, 2014; Roddenberry & Renk, 2010; Vujnovic & Fabiano, 2011).

Despite the problems that individuals with ADHD must cope with, they tend to also possess abilities such as enhanced creativity and divergent thinking (Bozionelos & Bozionelos, 2013; Schnieders, Gerber, & Goldberg, 2015). The resources available to them include previous occupational achievements, the use of support systems, and the ability to internalize or externalize complexity (Bozionelos & Bozionelos, 2013; Schnieders et al., 2015). They also include resilience, the ability to try again and anticipate a successful outcome after experiencing a failure (Reid, Bramen, et al., 2014). Schnieders et al. (2015) emphasized that adults with ADHD possess curiosity, imaginativeness, flexibility, and mental resources that they can use positively in psychosocial treatment programs. At the time of writing, few researchers had studied this field or the behavioral strategies and sources of support that adults with ADHD use to succeed in the workplace.

### **Summary and Conclusions**

This literature review presented the rationale for my study. Although researchers and clinicians historically viewed ADHD as a childhood disorder, in the recent years they have discovered that the disorder continues into adulthood. Many researchers have found

that overt signs of inattention, hyperactivity, and impulsivity prevent adults with ADHD from succeeding in their workplaces (Chaudhary, Rangekar, & Barua, 2012; Ginsberg, Beusterien, Amos, Jousselin, & Asherson, 2014; Matheson et al., 2013; Ramos-Quiroga & Sagues, 2013; Shahab & Nisa, 2014). Adults with ADHD possess a limited ability to perform task-related actions, which interferes with their attempts to manage their ADHD symptoms in the workplace (Ek & Isaksson, 2013; Fuermaier et al., 2013; Lopez et al., 2013). However, researchers have shown that adults with ADHD can overcome these challenges through appropriate behavioral strategies and support systems. With such resources, adults with ADHD can improve work performance, promote work relationships, augment self-efficacy, and facilitate their ability to enhance their own occupational functioning and perform task-relevant actions (Barkley, 2013; Huang et al., 2015; Metofe, Gardiner, Walker, & Wedlow, 2014; Rabenu & Tziner, 2016; Surman et al., 2013). The synergetic combination of support from employers and behavioral strategies promotes self-efficacy, improves performance, and promotes workplace success of adults with ADHD (Fuermaier et al., 2013; Huang et al., 2015; Knouse et al., 2012; Lindstrom, Kahn, & Lindsey, 2013; Shaw, Shringaris, Nigg, & Leibenluft, 2014; Turgay et al., 2012).

In my study, I aimed to gain first-hand information from employees with ADHD, including the challenges they have experienced in their workplaces. In doing so, I intended to learn what those employees found most important to enhance their prospects for workplace success. In Chapter 3, I present the method and design of the study, including the research questions, recruitment methods, sample, instrumentation, validity and reliability, methods of data collection and analysis, and ethical considerations.

## Chapter 3: Research Method

### **Introduction**

The purpose of this qualitative study was to develop an in-depth understanding of the lived workplace experiences of adults with ADHD. Few researchers have documented the lived experiences of individuals with ADHD and the challenges they encounter in their workplaces that limit their ability to succeed (Adamou et al., 2013; Barkley, 2013; Mordre et al., 2012; Young et al., 2015). The qualitative, grounded theory approach can provide occupational professionals and administrators with an explanatory framework with which to gain an understanding of this phenomenon. This chapter includes a description of the grounded theory approach used in the study, the research design, the research questions that guided the study, and the rationale for using a grounded theory approach. In addition, I discuss the role of the researcher, criteria for participant selection, data collection, data analysis, validity, and ethical considerations.

### **Research Design and Rationale**

#### **Design**

Creswell (2014) stated that qualitative research designs are used to study human behaviors and habits. A qualitative approach is, therefore, one in which a researcher makes knowledge claims based on a social and human problem (Creswell, 2014). This approach “begins with assumptions, possibly an interpretive/theoretical framework, and the study of research problems exploring the meaning of individuals or groups ascribe to social constructivist views” (Creswell, 2013, p. 44). In this study, the approach enabled me to analyze the data, collected directly from the source, by categorizing it into themes, which assisted with identifying patterns to facilitate comparisons between study

participants. During data analysis and interpretation, I engaged in the interview process. I also made sense of the multiple interpretations with the participants to understand the context in which they addressed the obstacles they faced in their workplaces and the behavioral strategies and support systems used to overcome those obstacles. The use of face-to-face and online or telephone interviews with the participants were needed to allow me a better perspective and clear understanding of how adults with ADHD described their workplace experiences.

Moustakas (1994) emphasized the characteristic traits of human scientific research and the value of qualitative research. He noted that qualitative methods focus on the entirety of experience and facilitate the search for the essence of experience by treating experience and behavior as inseparable from subjects or objects of study. However, Creswell (2014) explained that grounded theory research requires setting aside biases through practices such as bracketing, clearly defining the risks and outcomes of the phenomena under study, using objective data sources whenever possible, and using systematic procedures to analyze the data. Creswell (2014) went on to state that any approach in which participants can describe their unique lived experiences can be used to gather data in a grounded theory research study.

Creswell (2014) described the most common approaches to qualitative research: grounded theory, ethnography, case study, phenomenology, and narrative. Creswell (2014) also stated that grounded theory supports the development or redefinition of theoretical constructs. As in a phenomenological study, interviews are key methods of data collection, and all participants in a grounded theory study will describe different views of their experiences (Creswell, 2014). However, unlike phenomenology, when a

researcher employs grounded theory, the researcher focuses on interpretive understanding of actions and interactions within the social phenomena under study (Yin, 2011). I was interested in the meaning of particular experiences (workplace obstacles faced by adults with ADHD and the behavioral strategies and support systems used to overcome them), not the essence of their experiences from a psychological perspective. My desire to uncover specific processes and strategies based on participants' experiences meant that phenomenology was not suited to my study.

Because I was most interested in workplace strategies and detailed methods, I chose not to use the ethnographic approach, either. The ethnographic approach comes from the field of anthropology, and it focuses on understanding cultural practices (Creswell, 2014; Patton, 2014). This approach supports the study of social problems. Examples of this approach highlighted by Patton (2014) include the study of scientific diffusion, environmental degradation, and the gap between wealthy and poor people. I deemed ethnography inappropriate for my study because of its requirements, which include the researcher living among the people under study so that participant observation is conducted in a rational way that allows a deep understanding of the people and their culture (Ellis, Adams, & Bochner, 2011). I also lacked the essential grounding in cultural anthropology noted by Creswell (2014).

I considered other methods of qualitative inquiry for my study; however, I ultimately determined that they would be less effective than the grounded theory approach at providing the insight necessary to understand the lived workplace experiences of adults with ADHD and the behavioral strategies and support systems they

employ to succeed. I selected the grounded theory approach for my study because it considers how the participants know and describe their experiences.

The events studied were the lived workplace experience of adults with ADHD and the behavioral strategies and support systems they employ, which were the phenomena that I wished to investigate. I sought to understand a phenomenon of interest that had not been researched fully and address an existing gap in the related literature. Lasky et al. (2016) suggested that qualitative investigation of functional impairments of adults with ADHD has contributed to a significant transformation in the study and treatment of such functional impairments by providing insightful perspectives on many workplace issues. In this study, I explored a phenomenon (the workplace experiences of adults with ADHD) that required further research by describing and discovering its essence (Khan, 2014a). I also provided insights into the challenges that the studied adults with ADHD endured in workplaces among individuals who shared similar events that reflected their lived experiences (Lin, 2013). Most importantly, the grounded theory approach enabled me to analyze data collected directly from the source by grouping data into themes to identify patterns and establish tentative linkages among participants.

### **Research Questions**

Creswell (2014) wrote that lived experiences are the direct experiences and problem-centered perspectives of participants living a studied phenomenon. Corbin and Strauss (2014) inspired two primary questions that guided the grounded theory investigation of participants' experiences and successful strategies:

1. What are the lived experiences of adults with ADHD in the work setting?



2. How do adults with ADHD describe their experiences of the specific strategies and support systems they use to help them cope with their ADHD in their workplaces?

### **Role of the Researcher**

My role as the researcher in this study was to ensure that the data collected and analyzed were free from bias and personal views and that I conducted the study ethically. A critical aspect of conducting qualitative research is that the researcher serves as an instrument of the study and is aware of any personal beliefs, views, and biases that may affect the findings. This factor was particularly crucial because at the time of the study I had worked with adults with disabilities for over 5 years. It was thus imperative that I bracket my experience before collecting data. Bracketing is a vital aspect of a researcher's experience of a phenomenon; it allows the researcher to access his or her levels of self-awareness (Moustakas, 1994).

Chan, Fung, and Chien (2013) described bracketing as a process in which a researcher suspends or sets aside bias, general understanding, and accepted theory or values to study events objectively. This technique is a component of a more significant process known as epoche, wherein a researcher attempts to become conscious of prejudices (Moustakas, 1994; Patton, 2014). As such, I described only what I observed externally and internally: the relationship between phenomenon and self. Creswell (2014) also believed that grounded theory research requires a researcher to bracket his or her real-world beliefs. He speculated that such a researcher must lessen his or her exposure to the participants, an approach that requires the researcher to set aside his or her

knowledge. I describe additional methods used to ensure trustworthiness of the data later in this chapter.

## **Methodology**

### **Participants**

Twelve consenting adults with ADHD who had no acute symptoms or comorbidities participated in the study and were selected by purposeful sampling. According to Creswell (2014), purposefully selecting participants helps a researcher to investigate, discover, and deeply understand a phenomenon. I chose the purposeful, criteria-based sample from a list of members affiliated with the CHADD organization and through individuals recruited via an informational flyer. I sent a letter describing the study to the organization and potential participants. Study participants were employed at the time of the study or had been employed within the past two years in small-to-large organizations in the western and Midwestern United States. The sample included men and women aged 18 and over of various races. I based the desired sample size of 12 on existing findings that thematic saturation is typically reached in a qualitative study with 12 participants (Khan, 2014a; Palinks et al., 2013).

### **Instrumentation**

The grounded theory generally entails in-depth, one-to-one, semistructured interviews to obtain stories, thoughts, and feelings from participants (Corbin & Strauss, 2014). I used that method to elicit participants' experiences with adult ADHD in the workplace and the management and support strategies they used in a work setting. I probed for insights into the effects of self-efficacy theory had on their work experiences. The participant is the experiential expert on management and supportive strategies in this

study, so questions were designed to be open and inclusive (Corbin & Strauss, 2014). The questioning protocol was flexible. The participants were able to express feelings and insights I had not anticipated that related to adult ADHD work experience. Experts on the content and methodology reviewed my research questions, interview questions, and demographic questionnaire for feedback on language, tone, and wording.

I also developed a demographic questionnaire to obtain general information about the participants' characteristics. These characteristics include race, ethnicity, gender, age, education, work status, income level, and marital status. This information allows me to understand and learn more about each participant in this study.

## **Procedures**

Grounded theory exploration consists of multiple stages of data collection and analysis that satisfy the requirements of an organized, controlled, and systematic study (Creswell, 2014). For my study, the procedures included nine steps:

1. I sent a letter of invitation to the Professional Advisor Board Research Subcommittee of an ADHD organization via e-mail.
2. Upon receiving approval from the ADHD organization, I sent informational letters to members or affiliate members of the organization and posted an informational flyer within the community detailing the nature of the study and requesting assistance in recruiting participants.
3. The organization distributed the provided letter to its members to solicit participation. The letter of invitation indicated that (a) the choice to participate in this study was voluntary, (b) participation could be terminated at any time

with no consequences, and (c) participating in this study would not affect membership within the organization.

4. Those members who wanted to participate in the study contacted me directly to express interest.
5. After interested individuals contacted me, I sent an informed consent letter to each one. I then selected participants based on the predetermined criteria (i.e., ADHD diagnosis with no acute symptoms or comorbidities, aged 18 years or older, and have worked for at least 3 months).
6. I contacted selected participants and scheduled face-to-face or online interviews. I obtained informed consent from each participant prior to conducting each interview, either by e-mail or in person. Each face-to-face interview occurred in a mutually agreed upon neutral location.
7. With permission of the participants', I recorded the interviews. I recorded online interviews using Zoom/Skype, a cloud-based service that provides online meetings, content sharing, and video conferencing (Yuan, 2011). I record telephone interviews directly because Zoom could not be used. I recorded face-to-face interviews using an audio recorder.
8. Prior to the start of each interview, the interviewee completed an informed consent form that described the study and its ethical procedures.
9. I transcribed the audio recordings of the interviews verbatim and examined the transcripts according to the steps for data analysis detailed below.

## **Data Collection**

I conducted data collection and analysis concurrently. Data collection occurred over several weeks using interviews that included demographic questions and semistructured interview questions. Data collection consisted of audio-recorded, face-to-face, Zoom/Skype, or telephone interviews. Interviews are the conventional method of data collection in grounded theory research (Creswell, 2014). Interviews are generally the preferred method for collecting qualitative data (Patton, 2014).

Each interview began with building rapport, obtaining informed consent, and gathering general information about the life and experiences of the participant, including gender, location, age, and support systems. I organized the data by creating files of the transcribed interviews. I maintained the files and recordings in a locked filing cabinet in my home office to which only I had access. I transcribed each interview verbatim after conducting it rather than waiting until all interviews were completed for transcription. Analysis began when I started to transcribe the data and continued until I had completed all interviews.

## **Data Analysis**

I began analyzing collected data immediately after transcribing the first two interviews, which enabled me to identify participant similarities and differences in the data and informed further data collection (Creswell, 2014). After reviewing other available frameworks, I determined this method to be the most suitable because I aimed to identify themes and patterns in the text. I based the data analysis process on context analysis. I focused on themes in the text, which enabled me to take an open approach and use the analyzed data to guide later interviews to make them more meaningful. Corbin

and Strauss (2014) suggested that this approach to analysis would allow data to be continuously compared to identify and target emerging themes. I also fully described my experiences relevant to the phenomenon under study. This was necessary because I had previously worked with children and adults with ADHD. The description facilitated the separation of my personal experiences from the experiences under study.

In the first phase of analysis, I recorded the experiences of the participants that were relevant to the phenomenon as textual descriptions; these textual descriptions included participants' quotes taken directly from the transcripts. In the second phase, I considered the fundamental essence of their experiences. This phase included determining when and where events occurred to the participants (Corbin & Strauss, 2014; Creswell, 2014). In the third phase, I examined relevant statements made by the participants that related to the identified events. In this case, the participants were adults with ADHD and the events were workplace challenges they faced and the behavioral strategies or support systems they used to overcome those challenges. Creswell (2014) termed such statements *significance components*. This phase included sorting the participants' comments by clustering them into themes. In the fourth and final phase, I developed a composition of the events (Creswell, 2014). This composition captured the overall essence of participants' experiences.

### **Issues of Trustworthiness**

As in any research, establishing trustworthiness was exceptionally important to the integrity of the study. According to Leung (2015), trustworthiness is about establishing credibility, transferability, dependability, and confirmability. Creswell

(2014) suggested that using multiple approaches to validity establishes trustworthiness and a researcher's ability to evaluate findings accurately.

### **Credibility**

Establishing credibility is one of the most important aspects of qualitative research: It assures readers of the veracity of a study and its findings. According to Amankwaa (2016), credibility can be accomplished by continued engagement with people, the utilization of peer researchers, researcher reflexivity, repeated review of transcripts, and using specific techniques to increase credibility.

Creswell (2014) stated that there are many viewpoints regarding how qualitative research can be validated adequately, and this is a significant aspect of qualitative study because researchers often seek approaches similar to traditional validation. Most researchers have supported the idea that validation is essential in qualitative research, despite the reality that qualitative validation processes have not been as widely known or accepted as those used in quantitative work (Creswell, 2014). In this study, I used several verification methods, including member checks; information-rich, thick descriptions; peer review; and clarification of researcher bias (Creswell, 2014).

**Member checks.** Creswell (2014) recommended member checks as the best way to increase the validity of data collection. In this process, a researcher confirms the interpretation of the data with the participants. I provided participants with transcripts of their interviews to allow them to correct any inaccuracies (Corbin & Strauss, 2014; Creswell, 2014). This process allowed the participants to examine the findings and provide feedback. The participants verified that the summaries reflected their insights, feelings, and experiences.

**Peer review.** As the primary researcher, I worked with a male colleague at the Seoul Counseling Center to review the study by discussing the research with him throughout the collection and analysis of data. He also agreed to serve as a peer reviewer. I met with him to familiarize him with the purpose of the study and the research questions. He reviewed the transcripts after I had coded them thematically. To maintain confidentiality, I removed all identifying information from the transcripts before the peer reviewer examined them. The peer reviewer and I met several times: first to discuss the research process and coding procedures and later to discuss the themes that emerged. A copy of the peer review is in Appendix I. Using peer review lessened the likelihood of researcher bias, particularly in the analysis process.

**Discrepant evidence.** Discrepant evidence is data that runs counter to identified themes or categories (i.e., reported information that does not conform to a projected outcome). I still included all discrepant evidence in the analysis, ensuring that all views were represented. According to Creswell (2014) and Patton (2014), including discrepant evidence adds to the validity of the study. For example, instances that cannot be accounted for may indicate essential defects in the account given (Creswell, 2014). I examined the supporting and discrepant data rigorously to determine whether the themes or categories supported it. If the themes or categories could not support the data, they would need to be modified (Creswell, 2014; Patton, 2014). For example, Corbin and Strauss (2014) emphasized using a conditional matrix to introduce higher-level constructs such as gender, class, race, and power into the analysis. Regardless of whether the themes and categories are modified (Patton, 2014) or the established data are reported (Creswell,



2014), a researcher must use the research narrative to alert the reader to the discrepant data.

### **Transferability**

Transferability refers to the reliability of the methods used by a researcher throughout a study (Creswell, 2014). Transferability also refers to the applicability of research findings to populations, contexts, and conditions other than those studied (Noble & Smith, 2015). I used rich or thick descriptions in the study, which Creswell (2014) described as a way of ensuring external validity. This technique includes a researcher unfolding a phenomenon in enough detail to expose how he or she drew the stated conclusions. I used this method to describe data collection, data analysis, and the subsequent findings. These descriptions provided the reader with the opportunity to “transfer the information to other settings and to determine if the findings can be transferred” (Creswell, 2014, p. 204) based on the similarity of characteristics.

### **Dependability**

Dependability is a combination of the consistency and reliability of a qualitative study. Ensuring dependability means verifying that the findings are consistent with the data collected (Creswell, 2014). I established dependability with an audit trail; this involved maintaining and presenting all transcripts, notes, audio recordings, and so forth. As described by Creswell (2014), an audit trail refers to a clear depiction of the steps taken from the beginning of a research project to the development and reporting of the findings. Dependability also requires that the data represent the changing conditions of the phenomenon under investigation (Creswell, 2014), which should be steady across time, analysis method, and researcher (Patton, 2014). An outside individual assessed this

aspect of dependability by auditing and validating the grounded theory procedures and verifying that they were used appropriately (Creswell, 2014; Patton, 2014). Creswell (2014) stated that peer researchers and student colleagues can examine the detailed chronology of research events and processes via audit trails to verify the dependability of the outcomes.

### **Confirmability**

Patton (2014) stated that confirmability is to a qualitative investigator what objectivity is to a quantitative researcher. Miles, Huberman, and Saldana (2014) noted that a critical criterion for ensuring confirmability is a researcher's ability to admit personal predispositions. To ensure confirmability, I readily admitted personal bias and generated questions that assessed the spectrum of workplace experiences encountered by adults with ADHD and their strategies for success while ensuring that my interpretations were not based on my viewpoints but were grounded in data.

### **Ethical Procedures**

According to Creswell (2014), a researcher's obligations are to protect and respect the rights, needs, values, and desires of all research participants. When conducting the study, I followed the moral and ethical guidelines outlined by federal regulations and the institutional review board (i.e., IRB approved # 01-07-19-0345612). During the study, I interacted with human subjects; therefore, I obtained informed consent from the participants studied. In-depth interviews are potentially intrusive; for this reason, I carefully considered participants' comfort levels throughout data collection to protect them from any such intrusion. The study sample included adults with ADHD who were free to choose whether to participate. I briefed participants on their right to withdraw

from the study at any time. If a participant decided not to participate, either at the outset or later on, I informed him or her that the decision would have no adverse consequences. The results identified participants solely by age, gender, location, employment status, and years worked in their organization and job role.

I explained the goal of the study to the participants, and all participants completed an informed consent form before being interviewed. I conducted interviews throughout the western and Midwestern United States and removed all identifying information was from the documentation to protect participants' confidentiality. I stored all files, audiotapes, and transcripts in a locked cabinet in my home office. Only the peer reviewer, dissertation committee members, and researcher had access to the deidentified transcripts. (Each participant also had access to his or her transcript.). I provided each participant with a copy of the informed consent form at the beginning of data collection. I retained collected data for 5 years on an encrypted, external hard drive, accessible only to me. This timeframe is relevant because the results rested on the data, which cannot be checked or reanalyzed once they are destroyed. After 5 years, all data will be destroyed by reformatting the hard drive; all hard copies will be shredded.

### **Summary**

In this chapter, I described the methods and procedures used in the study. I selected the grounded theory approach to gain insight into the lived workplace experiences of adults with ADHD, the challenges these adults faced, and the behavioral strategies or support systems they used to overcome those challenges. I collected data by conducting semistructured interviews, maintaining a research journal, and writing field notes that recorded participant observations. The data collected helped to establish the

validity of the study. However, the small sample may have significantly limited the reliability of the study. In Chapter 4, I present the data organized by theme and provide an analysis of the screening, in-depth interviews, and themes that emerged from them.

## Chapter 4: Results

### Introduction

The purpose of this qualitative research study was to describe the lived workplace experiences of adults with ADHD and the behavioral strategies or support systems they used to improve their workplace performance. I used a grounded theory approach to investigate and clarify the meanings of the experiences of adults with ADHD with respect to the strategies and support systems that they used to overcome workplace challenges. The implications for social change are that adults with ADHD and their employers will be able to use the findings to define the strategies and support systems necessary to improve workplace environments to better meet adults' needs.

I collected data through in-depth, semistructured interviews. Two research questions guided my exploration of the lived experiences of the participants:

1. What are the lived experiences of adults with ADHD in the work setting?
2. How do adults with ADHD describe their experiences of the specific strategies and support systems they use to help them cope with their ADHD in their workplaces?

In this chapter, I unfold and discuss the data and findings of the study. Before presenting the data, I describe the setting and sample demographics, the methods used for data collection and analysis, and evidence of trustworthiness of the findings.

### Setting

I conducted 12 interviews in all. Two face-to-face interviews were done at locations convenient to the participants. One was done at a coffee shop in an area away

from others, where the participant felt comfortable, and the location was convenient. One was done on the balcony of the participant's private hotel room .

I conducted two more interviews online using Zoom/Skype, and the remaining eight interviews by telephone. I conducted each online and telephone interview in my private home office. Each candidate received a flyer (Appendix G), in person or by e-mail, with my name and contact information on it. Initial contact was through a personal e-mail. Follow-up contact was carried out via a private telephone conversation, when I performed a brief screening to ensure that each candidate met the predetermined study criteria (Appendix E). Once selected, each participant received a brief overview of the study by e-mail or in person, and I scheduled a time (and location, for face-to-face interviews) for the participant's interview. Before each interview, I provided the participant, by e-mail or in person, with the informed consent form for review. Each participant signed the informed consent document before his or her interview. I informed each participant that the interview would be recorded to ensure accuracy, that the recording would be transcribed, and that the participant would receive the transcript by e-mail. Each participant provided an e-mail address and agreed to receive the correspondence. I instructed participants that the e-mail would contain the transcript of the interview. I also informed participants that they would be able to terminate their interviews at any time for any reason.

I used a semistructured interview protocol during the interviews to ensure that I asked all participants the same central questions (Appendix D). I asked follow-up questions to clarify each participant's experiences and elicit an in-depth understanding of those experiences. At the end of each interview I acknowledged the interviewee's

participation and provided instructions regarding the transcript. I e-mailed each participant a personal thank-you.

### **Demographics**

I selected 12 participants according to the study criteria. Each participant had a current diagnosis of ADHD and had at least 3 months of work experience. Participants' ranged in age from 18 years old to over 50 years old. Additional participant demographic data are listed in Table 1.

One participant was neither currently employed nor looking for work but was vital to this study. The participant had had several jobs in the past and had left each one either voluntarily or involuntarily due to tardiness and difficulty adjusting to work-related tasks. Of the 12 participants, two were self-employed, two worked in social services, two worked in technology, two worked in education, two worked in a factory, and one worked in construction. The unemployed participant had worked several jobs in the past (among them television repair, clerk, account executive, and educator).

Table 1

*Participant Demographic Information*

Pseudonym	Gender	Age	Ethnicity	Race	Education	Marital status	Employment	Annual Income
Awn	Female	30–49	Non-Hispanic/Latino	White	College/professional <sup>a</sup>	Married	Not working/ looking for work	> \$75,000
Beth	Female	30–49	Non-Hispanic/Latino	White	College/professional <sup>a</sup>	Married	Full time	\$26,000–\$51,999
Isa	Female	30–49	Non-Hispanic/Latino	White	College/professional <sup>a</sup>	Divorced	Full time	> \$75,000
J. G.	Male	18–29	Non-Hispanic/Latino	White	High school diploma/GED	Unmarried partners	Full time	\$0–\$25,999
Kam	Female	18–29	Hispanic/Latino	White	College/professional <sup>a</sup>	Single	Full time	\$26,000–\$51,999
Liz	Female	30–49	Non-Hispanic/Latino	White	College/professional <sup>a</sup>	Divorced	Full time	> \$75,000
Lolly	Female	30–49	Non-Hispanic/Latino	White	Trade/technical/vocational training	Married	Full time	> \$75,000
Mary	Female	30–49	Non-Hispanic/Latino	Black/ African American	College/professional <sup>a</sup>	Married	Full time	> \$75,000
Nan	Male	18–29	Non-Hispanic/Latino	White	High school diploma/GED	Married	Full time	\$52,000–\$74,999
Nathan	Male	30–49	Non-Hispanic/Latino	American Indian/ Alaska Native	College/professional <sup>a</sup>	Divorced	Full time	> \$75,000
Rissa	Female	18–29	Non-Hispanic/Latino	White	High school diploma/GED	Single	Full time	— <sup>b</sup>
Trina	Female	≥ 50	Non-Hispanic/Latino	Black/African American	College/professional <sup>a</sup>	Divorced	Full time	> \$75,000

*Note.* Each participant had 0–3 jobs.

<sup>a</sup>For example, MS, MA, PhD. <sup>b</sup>Declined to say.



### **Data Collection**

I used purposeful sampling to select the 12 participants for the study. I recruited participants by distributing flyers to an ADHD organization, which also posted the flyers on their websites. I also posted flyers within the community (e.g., public libraries and coffee shops) and on social media (e.g., Facebook, Instagram, and Twitter). Interested potential participants initially contacted me by phone or e-mail, followed by a private telephone conversation in which I screened and briefed them on the nature of the study. I selected participants based on their personal employment experiences and ADHD diagnoses. I sought out people with both long and short employment histories. The sample reached saturation with respect to participants' personal employment experiences and the challenges they faced with ADHD in the workplace.

The planned semistructured interview protocol met the objectives of the study. However, I added two more questions to the original protocol to get a deeper understanding of each participant's personal work experiences. The two new questions were, "How would you describe your employment experiences?" and "What else would you like to share with me as it relates to having ADHD in the workplace?"

During the interviews, some participants required elaboration of some of the interview questions. In addition, some participants requested that I repeat questions for clarity or to aid their understanding. I took field notes during the interviews to record participants' nonverbal communication (e.g., temporal speech markers such as gaps, silences, and hesitations). I wrote these field notes to help understand the phenomenon. I also took notes during this process that suggested new interpretations and connections to other data. Additionally, I wrote memos recording my reflections and interpretations

while checking the transcripts for accuracy and coding them. Corbin and Straus (2014) emphasized that field notes as well as memos help the researcher to focus data analysis toward the core category by saturating the categories and themes. Each interview lasted approximately 60 minutes.

I manually transcribed the interviews using either Nvivo (Version 11) or, for those that were difficult to understand, Temi (Version 1). I sent each participant a transcript of his or her interview via e-mail for voluntary review. Analyzing each participant's personal workplace experience helped provide conceptual clarification as the interview progressed. An outline of each participant's personal experience was a part of the transcript sent to the participant for member checking. I urged participants to inform me of any inaccuracies, misinterpretations, or additional information they wished to share. Eleven of the participants reviewed their transcripts and validated their accuracy and trustworthiness. Liz provided corrective feedback for minor discrepancies to ensure the transcript fully reflected her views and was an accurate account of the interview. Before analyzing the data, I incorporated all corrective feedback. I encountered no abnormal conditions during the data collection process.

### **Data Analysis**

The grounded theory method consists of a systematic set of data collection and analysis methods that generate inductively derived theory from data (Corbin & Strauss, 2014). I performed coding and analysis of data manually using Microsoft Word (Version 2013). I followed well-established coding procedures of grounded theory (Corbin & Strauss, 2014). First, I bracketed my own experiences and coded the data, looking for themes and patterns based with content analysis. Second, I read all the interview

transcripts seeking insights and developing a composite description or essence of the experiences of the research participants, noting ideas and concepts as they emerged. I listened to the audio recordings while reading and rereading the transcripts as often as needed to fully comprehend and understand the data. Third, after gathering the remaining significant statements, I clustered all relevant statements into units of meaning and themes.

### **Bracketing**

Bracketing of my own experiences was essential to the validity of the study (Chan et al., 2013). I sought to suspend my personal biases and avoid imposing my views on the data by describing my personal experiences. This process prepared me to hear with sensitivity what the participants said during the interviews (Corbin & Strauss, 2014).

As a psychotherapist, ADHD coach, and mother with an adolescent child and an adult child, both of whom have ADHD, I had personal experiences with the phenomenon under investigation. I had to bracket these experiences to gain an unbiased perspective that allowed me to focus on the experiences of the participants during the analysis process. I was able to block out my experiences and refrain from making any judgments regarding participants' experiences or reflecting my biases during the interview process. The next step in the analysis was coding.

### **Coding Process**

I initially interviewed 12 participants in February–March 2019. Two to 4 days after each interview I sent a transcript to the participant to review for accuracy.

The coding process began with open coding, categorizing, and the writing of memos while reflecting on the data. I used 129 codes throughout the 12 interviews. As

the interviews continued and the study reached saturation, fewer codes were needed. The 129 codes, organized according to their associated categories, are listed in Appendix G.

### **Categories**

I combined the 129 codes into eight categories based on similarity of meaning: descriptions/context, managing behaviors, emotional responses, management/supportive strategies, environmental and mental factors, motivations, organization/control, and acceptance/awareness. These categories represented how the 12 participants managed their ADHD symptoms in their workplaces using behavioral strategies and support. For example, I combined the code *figure it out* with the code *prioritizing and planning*, and I later categorized both under managing behaviors. I combined codes for use of a calendar, timekeeper, to-do list, open line of communication, and verbal reminders into the management/supportive strategies category.

I obtained descriptive information when participants shared their personal experiences with workplace challenges and provided the thick, rich descriptions needed to understand the context. Although the focus of the interviews was participants' own work experiences, participants told other employment stories as well. I initially coded stories providing context as types of description; later I merged these into the broader description/context category.

### **Themes**

After the first three interviews, I began to conceptually analyze the data into what eventually became five themes: (a) workplace challenges, (b) managing ADHD, (c) adaptive behaviors, (d) job satisfaction and level of interest, and (e) developing acceptance and awareness. The theme of workplace challenges represented participants'

interpretations of the inattention, hyperactivity, or impulsivity they faced. I asked each participant at the end of his or her interview to share their workplace experiences related to having ADHD. Participants explained their shared experiences in different ways but with similar outcomes throughout the interviews. The managing ADHD theme encompassed management factors and emotional reactions. Emotional responses do not necessarily lead to stressful situations, because the process of controlling emotion is complex. The adaptive behaviors theme represented how participants controlled their behaviors in challenging work environments. Many participants used essential descriptions of their ADHD to describe their experiences, and I noted those remarks.

The conceptual meanings of the themes of workplace challenges, managing ADHD, and adaptive behaviors explained the participants' personal experiences in the workplace. However, participants described a connection between job satisfaction and level of interest, which illuminated their experiences but did not fit under the themes of workplace challenges, managing ADHD, and adaptive behaviors. Therefore, I created a fourth theme focused on job satisfaction and level of interest. In addition, participants related their personal experiences of self-awareness they experienced in the workplace, so I added a fifth theme to examine the development of acceptance and awareness.

Analysis of the data regarding workplace challenges resulted in two subthemes: inattention and distractibility, both of which affected work performance. The theme of adaptive behaviors in the workplace supported a single subtheme, self-regulatory abilities. The theme managing ADHD in the workplace supported several subthemes, developing structure and habits, managing time and staying on schedule, and staying focused and productive at work, all of which affected self-efficacy.

I present detailed examples of these themes drawn from the interview transcripts in the Results section of this chapter.

### **Evidence of Trustworthiness**

The specific techniques used to establish trustworthiness were member checks, peer review (see Appendix H), discrepant evidence, bias identification, and rich, thick descriptions.

### **Credibility**

I performed member checking by e-mailing each participant a transcript of his or her personal experiences, which formed a part of the transcript sent to the participant. Member checking contributed to credibility because participants could review the transcripts for accuracy and trustworthiness. Eleven participants validated the data as provided, and one participant made minor corrections to the transcript before validating it.

Although I bracketed my own experiences, having two children with ADHD (one an adult) and having counseled and coached those with ADHD were helpful to me in understanding and interpreting participants' experiences. Participants sometimes referred to unfamiliar strategies and supports that I was personally curious about, which led me to research various ADHD resources to understand their meaning. For example, one of the participants reflected on Covey's seven habits, and I was interested in that strategy, so I did more research that gave me a better understanding of it. Participants sometimes referred to pharmaceutical solutions that assisted them but could not define those solutions in detail. In those cases, I looked up the pharmaceutical solution after the interview so that I could more fully understand the data. According to Creswell (2014),

credibility is identifying those attributes and components that are most relevant to the problem or issue under study.

### **Transferability**

I thoroughly explained each transcript and coded data consistently. The use of thick and detailed descriptions is instrumental in qualitative research and essential to transferability of the research (Corbin & Strauss, 2014; Creswell, 2014). Thick descriptions not only describe the behavior and experience, but the context as well, so that the behavior and experiences become meaningful to the reader (Corbin & Strauss, 2014). I addressed transferability by using thick and detailed descriptions of participants' experiences to develop information-rich themes that focused on the behavioral strategies and support systems used by adults with ADHD in their workplaces.

### **Dependability**

I asked all participants the same questions from the interview protocol, though not necessarily in the same order. I transcribed responses to all nine interview questions and checked the transcripts with the participants. I securely stored the data, including transcripts, notes, memos, and audio recordings, so that the study could be replicated. Furthermore, during peer review I discussed the research process, coding procedures, and emerging themes with the peer reviewer. This process helped increase the dependability of the research findings (Noble & Smith, 2015).

### **Confirmability**

I maintained a clear audit trail that included audio recordings of the interviews, verbatim transcripts of the interviews, versions of the transcripts that were checked by the participants, notes, drafts of work in progress, e-mail correspondence with participants,

memos, and record of the codes, categories, and themes. I identified codes, categories, and themes by identifying commonalities among participants, and provided support for them using verbatim quotes to enhance confirmability.

## **Results**

The results in this section are organized according to the five themes that emerged: workplace challenges, managing ADHD, adaptive behaviors, the relationship between job satisfaction and level of interest, and developing acceptance and awareness.

### **Theme 1: Workplace Challenges**

The first theme was workplace challenges faced by participants. Many participants described difficulty focusing related to ADHD symptoms as part of their work experiences. Stress, feeling overwhelmed, and difficulty focusing were part of many participants' story, and many of the participants felt an endless struggle with employers and job progression that led their careers stalling. Awn said, "It has been difficult, and I had to quit several jobs due to a time conflict." Liz said, "I need to be challenged. I get bored. I tend to become useless if I am not constantly challenged." J. G. stated, "It has been difficult to maintain full-time employment without accommodations." He went on to say, "I was able to figure out how to work without medications (all the time) and to have training in ADHD." However, Beth described her experiences as "positive but at times, depending on the day, it gets very hectic (I struggle with those things). I struggled with monthly reports and recapping things." Nathan described his experiences as "pretty steady, but for the most part, it is kind of boring . . . kind of repetitive and substantial . . . more or less same work over and over again." Rissa said:



I have been really enjoying the experience but working a lot. I have told my boss that I have ADHD . . . because I take medication. In addition, so this something that I have not done before, it been helpful for me. I feel that I am experiencing what I choose to do.

Many participants also described having the core symptoms of ADHD and how these symptoms influenced performance in the workplace. For example, Isa said, “I do not try to hide my ADHD. I take medication, which increases my self-awareness.” Kam stated, “It was difficult for me . . . having ADHD, which was [making it] really hard to focus.”

**Subtheme: Inattention.** Consequences of inattention described included difficulty learning or organizing new information, trouble focusing on tasks, becoming bored quickly, missing details, becoming distracted easily, losing items needed to stay on task, seeming not to listen when spoken to directly, and difficulty following instructions. Many participants reported processing information more slowly than their peers, becoming bored quickly, having difficulty remembering important dates or events things, and becoming distracted easily. Trina described feelings of frustration:

I have been challenged in many ways to learn new or adapt to new tools to be able to be more productive in my role. In a challenging work environment . . . a lot of moving pieces can become very frustrating.

Isa stated, “When I am not on medication, I feel very frustrated/distracted. When I take the medication, then I feel focused and it carries me through the task.” Beth explained, “I struggled with monthly reports and recapping things.”

Many of the participants described frustration and overwhelming feelings regarding executive functioning that challenged them in their workplaces. Mary said, “It can sometimes be challenging. The work itself is pretty easy, but it is just the executive functioning part having to make decisions, having to prioritize and things of a sort.” Kam noted that she struggled and had been challenged throughout her employment history:

My first job was a lifeguard, and it was difficult. With me having ADHD, it was hard focusing, and that was before I was medicated. I started to notice that it was affecting how I was performing as a lifeguard. I find that risky. I went to the doctor and got medication to kind of help with that and then it got better.

. . . Also, I worked in retail, and I think my ADHD affected it so much. . . . I also worked with an elderly veteran services office. So, for me, that was difficult to process whatever someone was asking me over the phone. I worked as an assistant manager. I did much organizing, and that was pretty good. Currently, I am a teacher, and it is perfect for me.

Liz contrasted her ideas with a need to be challenged:

I tend to work several jobs at once. I found that I need to be doing different things, and I need to be challenged. I get bored. I tend to become useless if I am not constantly challenged. I never did well with an hourly job that strict on time. If it was not challenging and engaging, and I did not do well in my entry-level years.

Nan stated:

My attention span is like a squirrel; I feel like I have my hands tied behind my back most of the time and I mean it is just, I cannot go to work and be normal what I referred to as “overall difficult.”

Lolly noted that it depends on perspective, because her best would not be the same as somebody else’s best.

**Subtheme: Distractibility.** Participants expressed their need for private office space instead of shared office space. Some reported that external distractions from the environment could be very ADHD-unfriendly, but internal distractions could be even tougher to avoid in a work setting. Isa expressed her concerns about environmental factors:

I usually put on earbuds and listen to either white noise/classical music something without words because if not it, would be a distraction for me. I also do not have a window in my office. So, environmental factors that influence my levels of performance.

Nan stated, “Mental factors if it does not interest me, I am not going to focus on it as well. If it is hyper-focused subject, then that what fully enables the successful approach to complete a task?”

Participants viewed distractions as one of their biggest challenges in the workplace. Participants viewed distractions in the workplace as a struggle because many of their office settings were fast-paced, noisy, and busy. Beth said, “I shared my office with three other people, and there are many people in and out so that can be distracting, many conversations going on, and a lot of noise and surrounding actions my workspace.”

J. G. noted, “My boss helps me to stay on task, and sometimes I take medication, but it is

helpful . . . however, I do not take it every day, and I like to cope without it.” Nathan explained:

I am focused, but I will put it off. I will do my work and then start the next one. I also walk to another area where other members' cubes are; I will talk and chat with them and then go back.

## **Theme 2: Managing Attention-Deficit/Hyperactivity Disorder**

Many participants managed their ADHD by improving daily habits, learning to recognize and use their strengths, and developing techniques that helped them work more efficiently, maintain organization skills, and interact better with others.

**Subtheme: Developing structure and habits.** Many participants said that developing structure and habits was most important. They also said that often the difficult part of managing their ADHD in the workplace was finding the courage to disclose issues and resolve them while maintaining organization and control. For example, Liz described her approach as figuring out others' styles and what did and looked for in various tasks. Lolly stated that she also had to figure out others and tried to produce the best quality.

Each participant described a systematic approach to organization and control. Structures and habits guided participants' days and promoted productivity in their work environments. Calendars and to-do lists were two strategies many of the participants used to complete tasks. Isa said of her strategies and habits, “I have a to-do list. I have a calendar that I make available on file.” Mary stated, “I also have a to-do list. I will write down a to-do list. I start working on the things I have at my desk the day before.” Lolly said, “I live my life based on rules. I test my limitations because I do not know the rules. I

have to be very familiar with what is going on.” Rissa felt that she had to set up various habits or structures to complete a task:

So, many of the things that I do are routine, so I must work on spreadsheets every day. I kind of set up where I have habits or whether I do the thing first, one type of document that I need to put into a spreadsheet, and then I go to the next spreadsheet. I have some good research habits or whatever and do something like that. . . . I also write many to-do lists throughout the day. I am asking instructions or something. I always writing down the instructions because otherwise, I forget all about work, and then I end up asking again and again.

Trina said, “Because I do stuff with ADHD, I have to write copious notes and reminders to myself.” Nathan stated, “I will set up, I am going to do X amount today, so I am going to do that yesterday.” Nan, describing his strategies, said, “I would have a mental strategy in a way to allow me to be able to ask questions without being fearful of it. Support system for it for the job; physical support system.” Awn emphasized her habits or structures:

I would sit down and figure out what to do first . . . I block out on my calendar, break down into smaller chunks of a task. I created a system such as [an] Excel spreadsheet, write down things for the next meeting, streamline what I need to do, print forms/create a folder for them, use colored sticky tab. I stay organized by working ahead. I asked questions. I have a staff meeting regularly to keep track of things.

Support from an intimate partner and employer were critical for guiding and supporting J. G., who said he had a sound support system: “I have a supporter boss and a

girlfriend that helps keep me on track. I used verbal reminders. I like to invent ways for me like to get the task done. I like to take tea, medicine, and stuff.” J. G.’s employer supported him throughout his time at work and guided him through the completion of many tasks. J. G. also stated, “I had not held down jobs very well. My boss is very nice and understanding and having a good relationship with my boss.”

Having appropriate strategies and support from colleagues helped participants to take a positive approach to task completion and manage their ADHD behaviors in their workplaces. Some referred to a need to overcome work challenges and lack of self-efficacy to remain task-oriented, but others were motivated to overcome challenges to improve self-motivation. Both situations stemmed from fear of disclosing their ADHD to their employers, and both were resolved with the help of supportive employers or coworkers.

**Subtheme: Managing time and staying on schedule.** Many participants reported that they experienced challenges managing time and staying on schedule; however, they said that there were some solutions to help them better manage time and prioritize tasks. Trina stated, “I have to prepare myself, maybe weeks or to depend on the priority of the project.” She described the preparations that she had to make to stay on schedule:

As I said, note taking during research, I sometimes walk away and then have to come back to adjust. However, if something I know about and have the right are ample enough time to prepare. . . . Even talk to people, to talk through what I think before I even give a presentation or share with my immediate staff.

Kam reported:

I think it is mainly things I need to be done first, prioritizing, and what is most important again and what is most timely and accurate. In addition, I ask for help or ask them for advice on how to do something, or we will all plan together.

Kam believed that prioritizing was vital for her to stay on schedule. She explained:

What is the first thing I need to do? What is the most important or what? What has the timeline? I had to learn to push some of those tasks aside and then manage it timely a little bit better when I am at school. So, yes to-do-lists and prioritizes, as well as just get it done.

Beth reported:

I am a procrastinator. The one thing that helps me to complete the task is knowing that I must do it to keep my job. I try to do a little bit a time rather than waiting to the last minute. I change my medication so that I can be better at certain things.

Liz expressed her concerns about managing time and staying on schedule as “I need time to think before I start. I need that preparation time to make sure I have all the instructions [and] that I am fully prepared. I tried to keep a pretty open line of communication.” She realized that she needed that time and preparation to stay on schedule. Liz also said, “I educate myself. I learned to analyze the task. I educated knowledge, and pre-planning.”

Nan differed, expressing his concerns as, “If it is hyper-focused subject, then that what fully enables the successful approach to complete a task? I would say self-checking and addressing roadblocks for what they are before I can proceed with finishing and brushing my teeth.”

Lolly articulated her concerns as, “I am not sociable. I do not mind, but I tend to hyper-focused on whatever task I am doing. I want to do my best.” However, both Nan

and Lolly realized that spending too much time on one task means that nothing else gets done. Nan explained, “There must be a level of self-content that comes from it. It is a matter of stopping excuse yourself and saying halfway. Just getting them done, and care it brings enjoyment, and knowing that I completed it.” Lolly said, “I need to figure it out, produce the best, quality and do not take forever, and just get it done.”

Mary also expressed her concerns about managing time and staying on schedule as, “I utilized a timekeeper in which I feel that it works for me. I think of the Pomodoro timer (which is kind like an app). I do 30 minutes, 10 minutes breaks.” Time management and staying on schedule was significant so that adults with ADHD could be productive in their work.

**Subtheme: Staying focused and productive at work.** Participants described some of the strategies they employed to stay focused and productive at work using terms such as *medication*, *communication*, and *delegating*. Awn explained, “I stay organized by working ahead. I asked questions. I have staff meetings regularly to keep track of things.” Medications helped Isa increase her self-awareness. She stated, “I have fun with it, so I think that would be a management technique that is used in the peer setting.” Nan described his approach as “Taking any prescription will boost his performance such as Adderall. Cannabis is another drug that slowed down hyperactivities so that I affectively see things a little bit clearer.” Liz said: I used an assistant to help with grading. I will sometimes delegate a task that works well to make sure I have enough time. I communicate a lot, and I use a timer and calendars. I see everything on a cloud. I learned to have people reviewed my work. Communication, other people, and delegating.



Mary said, “I have a secretary. I follow up with and make sure it is done.” Beth explained, “I have a partner/coworker for verbal reminders.” J. G. stated, “I used verbal reminders.” Lolly said, “I do everything kind of like a picture. I will go back and go through it until I finish it or whatever the case may be.” Nathan explained:

Once I get so many done, then I will go to lunch to take a break and that way it keeps me accountable to stay on task as supposed to losing track and still have a workday and I have done anything.

Trina described how she managed to stay focused and productive at work by realizing that she is a keen individual. She stated that she was always looking for new strategies that would assist her with her work performance. She explained, “I go to a therapist, he is a psychologist, and I see him every Monday to try to help me prepare for a week or even big projects.” She also realized the effect of her maturity level on her development:

Instead of fighting my instincts and my behavior, I have learned to modify and go along with [them] because I am mature now. I would hide it, and now I tell people, slow down because I have ADHD. Let us talk about this, and it may be something negative for the person, but for me, it helps me keep focused. I have learned is that I am super keen on some things because I have ADHD.

Although some participants had strategies for staying focused, they still found it challenging. Awn described how she needed enough time to stay focused on a task:

I feel good when I have enough time to work as well as quiet time to focus. If it is chaotic, I am not able to focus, so I do not feel right, and then I feel I have not performed at my optimal level.

Isa said:

It can be with or without medication. When I take medication, I have the ability to focus and remain on task whether it is monitoring my job activities or forget to take my meds, and then there is a level of frustration....when I am not on task and the level of distractions. . . . My brain is like a computer screen that has multiple paths open. So, medications do help.

Liz also emphasized that she could stay focused. She stated:

I feel really satisfied with those tasks because I can do a task in that way. I feel like I have found where it becomes a gift that I have instead of a challenge, and I get to use it to instruct and guide others.

J. G. said,

My boss is nice. He helps me to stay on task and sometimes I used medication. I know what to do and landscaping is not too hard. I get overly excited about it and the start on it usually with that much of a plan and most of the time I can get the work done.

Staying focused allowed participants to be productive and complete tasks or projects at work. It enabled them to create work settings in which they could give their best and overcome their performance challenges

### **Theme 3: Adaptive Behaviors**

Surprisingly, several participants managed ADHD through self-regulatory abilities that helped them control impulses and behaviors concerning the work environment. Mary stated that time management help her to control her off-task behavior.

Rissa confirmed that time management was important and helped her to take control of her organization skills.

The subtheme of self-regulatory abilities encompassed self-monitoring, self-evaluation, and behavioral adjustment facilitated through a process of self-regulation that involved self-reflection during task performance.

Participants expressed their need to stay engaged and produce goal-directed behavior. Trina said:

I am constantly engaged, I believe, and I also understand when you in a position of leadership, you can't put your anxiety on other folks and make them, you know, become unravel (what's the word I can use) and manipulate it in a haze and don't understand what they need to do. Therefore, I am always engaging, but I am mindful because I know my behavior can be awkward.

Awn stated, "The more I am engaged in the project, the more I like the project, and then I will enjoy it more." Beth stated that "being engaged every day" helped her meet her task demand.

Participants expressed difficulty with information processing but felt that this could be controlled through behavior modification. Kam said:

I went to the doctor and got medication to help with that, and then it I began to feel better. In addition, I worked in retail, and I think my ADHD affected it so much. . . . Therefore, for me, that was difficult to process whatever someone was asking me over the phone. In addition, I struggle with trying to process all the little things that I must do. I like all big things, like big projects I do just fine. I live off [a] to-do list.

Liz stated, “I need time to think before I start.” Trina said, “I like to exercise and get a clear mind before I can even go into the day. So, in all these strategies help me with my performance, my outcomes, and the expectations in which my supervisor evaluated me on.”

Self-regulatory abilities provided participants with external prompts in the form of lists and other types of reminders that proved to be the basis of effective strategies. The influence of personal processes such as self-motivation led to job satisfaction, interest, and behavioral development.

#### **Theme 4: Relationship Between Job Satisfaction and Levels of Interest**

Six of 12 participants, levels of interest created fulfillment, and gratification that participants viewed as job satisfaction, which enhanced their ability to maintain employment.

Beth, Kam, Liz, Lolly, Mary, and Rissa postulated that levels of interest facilitated job satisfaction. They explained that when they completed or accomplished a task or project, they felt a sense of achievement. Their abilities established a foundation for effective work performance. Challenges still arose, but they were more prepared to use their personal strategies and support systems to overcome those challenges to complete a task or project. Mary stated:

You must manage your time very effectively . . . I utilized a timekeeper. I used my phone and I always put reminders on there. . . . I take care of things on my desk . . . I start working on things I have at my desk the day before.

Rissa said that many things that “I do are very routine, so I have spreadsheets every day.”

Liz explained that her ability to complete a task was one of her strengths. She also stated that she tended to be hyperfocused in saying: “I am much better at giving instructions and keeping the instruction to the details that my brain sees it, versus performing the task repetitively.” Lolly also specified that she tended to be hyperfocused “on whatever task that I am doing. I want to do my best.” Kam stated:

Trying to process all the little things that I have to do . . . like the big projects I do just fine, so I always have to write it down so that I do not forget. . . . so, when I performed them, I feel good.

Beth said, “I procrastinate a lot . . . however, I guess the one thing that helps me to complete the report is knowing that I need to do this keep my job.” She continued:

Other things that help, we will be trying to do a little bit at a time rather than waiting until the last minute. . . I have changed my medication here and there to . . . be able to just be better about certain things . . . I have had to kind of figure out where my struggles are so that I can ask for support that I need.

In contrast, Nan felt that if a task did not interest him, “I am not going to focus on it as well.” Nathan also emphasized that if a task was boring then he would put it off: “Any excuse not to do work.” Awn felt good about task completion but felt that her environment affected her. She felt good about the task if she had time to focus, such as quiet time to herself in her office.

Isa felt that with medication she could focus. She stated, “With medication, I have a solid ability to focus and remain on task.” She added:

I can tell there is a level of frustration because I can see too . . . that I am not on a task like I should . . . levels of distractions . . . It is almost like my brain is a

computer screen . . . that have multiple paths open. Because I see the difference in the two, when I have medication and when I do not have medicine . . . when I do not have medicine, I feel very frustrated or distracted. When I take my medicine, then I am focused, and it carries me through the tasks.

In summary, participants agreed that having specific strategies or support systems could help overcome the work challenges of inattention, hyperactivity, and impulsivity. They found levels of interest and job fulfillment necessary to sustain job secure. Participants described using job satisfaction to seek value and respect from their employers and coworkers or as a way of completing or facilitating a task or project. According to the participants, job satisfaction also led to a better work environment and increased self-efficacy.

### **Theme 5: Developing an Acceptance and Awareness**

According to the participants, acceptance and awareness of their ADHD sometimes facilitated self-directed accommodations that boosted self-reliance and personal management skills. Neither acceptance nor awareness were foci of participants' experiences; however, both were important aspects of their employment experiences. Acceptance and awareness changed participants' openness to disclosing their ADHD in their workplaces and created a way for them to use ADHD-informed strategies. All participants described feelings of being stigmatized and judged. Each developed or strengthened a sense of awareness and acceptance within his or her workplace, which helped the participant's employer and coworkers to understand and recognize adult ADHD in the workplace.

Participants developed receptivity and mindfulness during their workplace experiences. They learned to accept their true selves and face them consciously and worked to help their employers and coworkers understand the strategies they used to manage their ADHD symptoms. According to Liz, acceptance and awareness of ADHD in the workplace are not discussed enough:

I think that is not talked about enough like something that needs accommodations/that people recognize as an ADHD adult. I do still need those accommodations, flexibility, and communication. I have always been open with my bosses and people I work with.

Beth acknowledged that ADHD needed to be addressed: “It is something most people feel uncomfortable disclosing their ADHD to the bosses/managers.” Isa also noted the positive potential of ADHD: “Is the positive contribution the value of having ADHD.” She added:

ADHD is misunderstood. It is viewed as a negative, as a disability, as something that prevents children from performing to their best ability. With me, ADHD is a strength because it leads to creativity and innovation. Most people see this disorder as a strength, while others see it as a weakness. People weakness are others’ strengths, which offset their weakness. I also think that self-awareness could be assessed in the workplace and should be viewed as more positive than it is and valued as an assessment.

Rissa explained, “I think it was very beneficial for me to open up about it, to talk about it.” She added that it made it easier for her to be comfortable with herself and not worry

about how other people think. She thought it helped her coworkers to know her better, so that they could interact with her better. J. G. explained:

It is not impossible for people with ADHD to get the job and maintain employment but could be difficult. You must find a good employer that understands you to be successful. . . . So, this is the most challenging aspect of finding an employer that will work with you.

Participants indicated that having accepted and aware employers and coworkers was helpful to dealing with their ADHD in their workplaces. These characteristics in the people around them strengthened participants' ability to maintain their employment. For example, Mary stated, "Individuals with ADHD, they can be very high functional and could have a job and keep it." Awn agreed: "Also, I think creating systems with help. I think knowing how to figure out and find that system that works for you is a good survival method." Nathan said, "It is meetings or the boss. Like staff meetings occasionally, they are, you know, like staying involving or being engage at work."

Eight participants wanted to be accepted and made their employers and coworkers aware of their ADHD and the strengths and weaknesses it gave them. For this to happen, employers and coworkers had first to accept that ADHD is real and can cause problems for people who have it. Trina said, "There should be more employment programs," and she added:

Because I am not the only one, I am quite sure many individuals that they do not have ADHD, or they have ADD [attention-deficit disorder] or something along with attention deficit disorder. . . . Therefore, in helping them to identify the skills that they could be successful, and I think that is where we start to become more



innovative and have more inclusive or diverse populations in our corporation and the workplace period. . . . I think having the support to let people know that it is okay not a stigma . . . I think is a stigma attached to it . . . so, I think that is where sharing it . . . that is what I love to see real inclusion community to have some support for people.

Beth explained:

I think it is something that is that need to be talked about in the workplace. I know I do not necessarily feel comfortable telling my co-workers . . . my bosses about it because you do not want to come across as being incompetent . . . in certain areas . . . however, at the same time, you must be truthful in some ways, to get the support that you need.

Lolly said:

I feel that I can relate to that because I do not relate to very many people. . . . I think people like to age themselves to real things, and I do not so I mean so the way . . . society works right now.

In summary, participants indicated that increased employer and coworker understanding of adult ADHD and the workplace stigma attached to it permitted the participants to become more open about their disorder and the strategies they used to overcome some of their workplace challenges.

### **Summary**

Two of the primary research questions this study addressed asked how adults with ADHD describe their personal experiences and the specific management strategies and support systems they use to help them cope with their ADHD in their workplaces. The 12

participants revealed several behavioral strategies and support systems (e.g., to-do lists, calendars, planning, timekeepers, set habits, prioritization, and assistants). During analysis I summarized participants' responses in detail, which led to three significant themes: workplace challenges, managing ADHD, and adaptive behaviors. The workplace challenges theme helps to identify the participants' personal work experiences in the work environment. The managing ADHD themes derived directed from the data, which help to recognize various management strategies and support systems that were used by the participants. The adaptive behaviors theme help identify the participants' managing and supportive behaviors in which they can adapt to changing work settings using the different strategies as well as support systems. The core theme that emerged directly from the data was managing ADHD, which had subthemes of developing structure and habits, managing time and staying on schedule, and staying focused and productive at work.

In Chapter 5, I compare and contrast the results of my study with the findings of the literature review and interpret my findings. I also relate self-efficacy theory to the results. I conclude the chapter with a discussion of the limitations of the study, recommendations for employers and practitioners, and implications for social change at the individual, organizational, and societal levels.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

The purpose of this qualitative grounded theory study was to explore how adults with ADHD describe their experiences of the strategies and support systems that they use to be successful in their workplaces. This study helped fill gaps in the literature on the behavioral strategies and support systems that assist adults with ADHD in the workplace. Twelve adults with ADHD and a variety of employment backgrounds described their work experiences and explained the strategies and support systems they employed in their workplaces.

During data analysis, five major themes were identified: workplace challenges, managing ADHD, adaptive behaviors, the relationship between job satisfaction and level of interest, and developing acceptance and awareness. Participants described several behavioral strategies and support systems, such as a time keeper, an assistance, a to-do-list, and calendar, as well as cell phone to organized appointments) that contributed to work-related outcomes through organizational, attentional, and motoric abilities. Interestingly, many participants also perceived some typical ADHD symptoms as strengths or personal skills rather than as symptoms controlling their behavior. Many participants had been able to develop techniques that helped them work more efficiently, maintain organization, and interact better with others. Participants indicated that the challenging and sometimes painful process of overcoming ADHD symptoms could lead to decreasing self-esteem and failure to adapt to working environments, which could further mask impairments. Once participants understood that others in their workplaces were unaware of ADHD symptoms and the effects of symptoms on the participants, the

participants were able to creatively develop acceptance and awareness among their employers and coworkers. Each participant developed his or her own personalized strategies and support systems to manage symptoms at work.

In this chapter, I interpret the findings, identify the limitations of the study, offer recommendations, and discuss implications for social change.

### **Interpretation of the Findings**

In this section, I compare my findings to those of the existing peer-reviewed literature described in Chapter 2. Researchers have described behavioral strategies, such as CBT, that were developed specifically for adults with ADHD to help them overcome difficulties with executive functions that are needed to manage time, organize, and plan (Knouse & Fleming, 2016; Knouse et al., 2017). Other strategies focused on emotional self-regulation, impulse control, and stress management (Knouse & Fleming, 2016). Researchers emphasized that by using effective behavioral strategies and support systems, adults with ADHD can overcome workplace challenges (Carnes & Holloway, 2010; Cole et al., 2016). However, few researchers have investigated how adults with ADHD describe their experiences of the strategies and support systems they use to succeed at work, especially regarding executive functioning.

#### **Theme 1: Workplace Challenges**

The workplace could be a daunting and stressful place for many of the participants. Having ADHD on top of other work stressors was a challenge for the participants, who struggled to sustain attention, to stay organized, and to control their impulses. Seven of participants described difficulty completing job-related tasks because they had trouble maintaining attention, were easily distracted, were interrupted by

conversations, and were disorganized. Participants yearned for a sustainable way to cope with distractibility and were motivated to discuss strategies needed to improve their work performance and complete tasks. Six participants described having an endless challenge—one that affected work performance and the ability to maintain employment. Some of these included inattention to tasks, difficulty learning and organizing new information, missing details and becoming distracted quickly, difficulty following instructions, and distractibility.

Robbins (2017) stated that minimizing distraction is a top priority that enables individuals with ADHD to work at peak efficiency. Some participants described their challenges as overwhelming and frustrating (e.g., not understanding the task). Researchers have found that inattention, impulsivity, and hyperactivity, if left unmanaged, can negatively influence adults' workplace success (Nadeau, 2015). For example, difficulty with time management is a common effect of ADHD and causes those with the disorder to frequently lose track of time, procrastinate, miss deadlines, do things in the wrong order, or underestimate how much time they need for tasks (Bussing et al., 2016).

Participants also described having difficulty with executive functioning, especially in stressful situations. Mary described her biggest challenge as having to make decisions, which was very difficult for her as a rehabilitation counselor. However, some of the participants found that highly stressful and challenging work alleviated their symptoms. Liz explained that she needed to work several jobs at once because it kept her boredom at bay. Similarly, Trina reported that she was able to focus because she had to; her job required her to be always vigilant. Lasky et al. (2016) also suggested that having

complex challenges at work improved symptoms. Lolly explained that having a complicated task to work on helped because she liked to be hyperfocused on what she was doing. Researchers have found that individuals with ADHD tend to be hyperfocused, which can be a workplace challenge (Barkley, 2015; Schreuer, 2015), but participants associated hyperfocus with productivity. Nan stated that when he is hyperfocused he can complete tasks successfully. I found that adults with ADHD have a deficit in understanding social settings in which they try to avoid tedious tasks or activities. Researchers found that individuals with ADHD have a poor understanding of social conventions, which results in them avoiding tedious tasks (Adamou et al., 2013).

Nine participants reported working in an ADHD-unfriendly environment. Six reported external distractions in their workplaces. Tartakovsky (2018) found that with effective treatment and ADHD-friendly behavioral strategies and support systems, individuals with ADHD can lessen their symptoms, which allows them to perform optimally. Beth described her workspace as very disruptive because of shared office space and external noise. Other participants reported difficulty with time management or awkward interactions with peers.

Behavior awareness was a significant factor that participants associated with work performance. Ten participants in the study revealed that their workplace behavior was a challenge. Nan stated that he tended to interject himself into coworker's conversations, not realizing he was interrupting. Others reported dealing with procrastination and difficulty managing complex projects. The symptoms associated with adult ADHD involve more than one domain and can have adverse effects in the workplace (Kreider, Medina, & Slamka, 2019).

Despite the workplace challenges faced by adults with ADHD, researchers have demonstrated that symptoms associated with ADHD can be managed with effective strategies or support systems (Sedgwick et al., 2018). Seven participants reported having tools or methods to reduce their symptoms at work. Six out of 12 participants reported having a supportive supervisor or boss. Four out of 12 participants reported having digital devices. Three out of 12 participants had disclosed their ADHD to their employers. Rissa reported that she told her supervisor that she has ADHD. J. G. also disclosed his ADHD to his employer. Kam stated that her coworkers and employer knew about her disorder. Isa reported that she had fun with her disorder. For example, she stated, “I let it know that I am the ADHD girl and I am ready to go.”

In conclusion, the challenges that go along with ADHD can affect the work performance of adults with the disorder tremendously; however, with appropriate strategies and support systems, adults with ADHD can succeed in the workplace.

## **Theme 2: Managing Attention-Deficit/Hyperactivity Disorder**

An individual’s ability to manage his or her ADHD in the workplace involves identifying and using individual strengths and developing strategies to work effectively (Ginsberg et al., 2014). Just as the classroom poses the most significant challenges for children and adolescents with ADHD, the workplace poses the greatest difficulties for adults with ADHD (Nadeau, 2015). These difficulties can lead to impairments in job performance, social interaction, and emotion regulation (Nadeau, 2015). Researchers have pointed out that adults with ADHD are likely to face professional challenges; however, it is possible to promote a work setting that enables adults with ADHD to

succeed and uses the strengths associated with their disorder to their benefit (Sedgwick et al., 2018).

Ten out of 12 participants reported having individual management strategies and support systems in place so that they could cope in their workplaces. Four participants described having an assistant remind them of appointments during group meetings. Five participants described using to-do lists and writing down things to remember. Liz described using an assistant for grading because she tended to forget to complete that task. Mary described using a secretary so that she could follow up on tasks that needed to be done. Lolly described her strategy as writing things down so that she could go back and go through them until they were completed. Canela et al. (2017) argued that it is possible to cope with ADHD symptoms in the workplace by taking advantage of self-help methods with which an adult with ADHD can become more productive, organized, and in control with greater self-esteem.

Behavioral management is the ability to control and motivate individuals to change their actions or interactions in specific settings, such as work settings or social settings (Barkley, 2015). Appropriate behavioral management is essential to communicating effectively, staying focused, and organization (Barkley, 2015; Canela et al., 2017). For instance, staying focused and productive at work depends on an individual's ability to organize, end distractions, and stretch his or her attention span (Barkley, 2015; Rabenu & Tziner, 2016). However, Robbins (2017) suggested that to stay focused and productive at work, an individual with ADHD must adopt ADHD-friendly habits. Ettenhofer, Stavro, and Melrose (2016) suggested that because ADHD varies considerably from person to person, individuals will get better results if they learn



how they work best and increase their productivity by adopting ADHD-friendly approaches specific to their symptoms. Sansosti, Cimeria, Koch, and Rumrill (2017) also suggested that behavioral management is essential for individuals to change their behaviors. Furthermore, recognizing problematic behaviors allows an individual to deal with them and adapt to his or her environment (Sansosti et al., 2017). Trina reported that she did not fight against her instincts or behavior. She stated that she learned to modify her behavior. Nathan described sometimes making sure that his manager understood him, and Nan evaluated his ability to complete tasks because he sometimes has a difficult time focusing on a task. Isa said that a different work setting might help her to manage her ADHD symptoms.

One of the most prominent concerns associated with adult ADHD is the support that adults with the disorder need. Adults with ADHD have yearned for workplace support systems (Coetzer, 2016). Workplace support systems are important for managing symptoms of ADHD and can lead to a positive and productive work environment (Barkley, 2015; Coetzer, 2016). Barkley (2015) suggested that the work productivity and success of individuals with ADHD depends on the support that these individuals receive, not just from professionals treating them but also from employers and coworkers. Six participants reported receiving support from employers, coworkers, intimate partners, and professionals who treated them. Trina reported receiving assistance from a therapist or psychologist with weekly tasks, such as complex projects and job duties. Rissa reported that her boss and coworkers were supportive and aware of what was going on with her. J. G. reported that he had a supportive boss and a girlfriend who helped keep him on track.

Lolly reported that the only support she received was from her grandfather and biological father.

### **Theme 3: Adaptive Behaviors**

The adaptive behaviors theme encompassed the ability of participants to adapt to their workplaces and work roles (Shiels & Hawk, 2010). Maintaining adaptive behaviors is challenging, requiring an awareness of contextual demands, self-monitoring behavior to assess whether it is appropriate for the setting, and regulating behavior to minimize discrepancies between anticipated and actual outcomes (Barkley, 2015; Coetzer, 2016; Shiels & Hawk, 2010). The last of these requirements, adaptive control, enables an information processing system to construct itself “flexibly and continuously to be consistent with internal goals through appropriate modification in perceptual choice and the available care of contextual information” (Shiels & Hawk, 2010, p. 952). Adaptive workplace behaviors can impact both the work environment and work performance (Shiels & Hawk, 2010).

Adaptive behaviors include the creative performance associated with ADHD (Banaschewski, Coghill, Zuddas, 2018). Indeed, some have hypothesized that the attentional focus characteristically associated with ADHD is accompanied by heightened creative ability (Banaschewski et al., 2018). Individuals with ADHD often find it difficult to adapt their behaviors, possibly because of deficiencies in interpersonal communication skills (Barkley, 2015).

Children with ADHD have difficulty developing behaviors to help them acquire skills such as concentration, task completion, or interaction with peers (Barkley, 2015). Although researchers have recently begun to address adaptive behaviors in individuals

diagnosed with ADHD, few have focused on adults (Banaschewski et al., 2018; Barkley, 2015; Coetzer, 2016). Barkley (2015) suggested that the symptoms of ADHD that contribute to maladaptive behaviors may lead to a deficit in learning new skills and grasping increasingly complex tasks. Thus, people with ADHD have difficulty regulating and self-monitoring their behaviors (Shiels & Hawk, 2010). According to Shiels and Hawk (2010), self-regulation is how individuals get ready for learning, stay engaged with tasks, and alter their approaches to problem-solving. Learning appropriate strategies and skills to handle these deficits such as inattention, impulsivity, hyperactivity is important for adults with ADHD to successfully managing behaviors.

Participants in my study reported several different techniques. Seven out of 12 participants reported applying adaptive coping skills when adjusting to their work environments. Nine of out 12 participants revealed that quiet time, talking to peers, exercising, and listening to music were helpful. Isa and Rissa reported that they listened to white noise or instrumental musing through headphones when they felt that their work environments were distracting. Trina reported that she would exercise to clear her mind. Kam, Nan, and Nathan reported that they would talk to their colleagues when they had difficulty with a situation at work.

#### **Theme 4: Relationship Between Job Satisfaction and Level of Interest**

Researchers have shown that if the work of individuals with ADHD ties into their passions, they will succeed at that work (Barkley, 2015; Chang & Edwards, 2015; Fried et al., 2012; Lasky et al., 2016). However, intolerance of boredom can affect all areas of the work life of an individual with ADHD, from completing work tasks to maintaining steady employment (Laskey et al., 2016). According to Barkley (2015), when individuals

with ADHD become bored they stop focusing, start looking for something unusual, make careless mistakes, dismiss essential details of projects, and do not do things that need to be done. Barkley (2015) also stated that individuals with ADHD struggle to focus on a project or task for an extended period, which makes project or tasks more challenging for them. Lavasani, What, and Ortega (2015) suggested seeking out tasks or projects that will keep individuals with ADHD busy with new ideas and challenges to ensure such individuals experience job satisfaction.

At the time of my study, 11 out of 12 participants worked in their field of interest and were pleased with their employment. Eleven participants believed that their job satisfaction was related to their level of interest in their workplace tasks. Many participants reported that interest in a task led to job satisfaction. Four participants said that they had a pleasant working environment and understanding employers and coworkers. Liz reported being satisfied with her tasks because she could do those tasks that become gifts instead of challenges. Rissa reported that she felt good at doing her tasks and that they were attractive. She also reported that she found her tasks manageable and useful.

### **Theme 5: Developing Acceptance and Awareness**

In the context of my study, acceptance and awareness describe the ability of individuals to reframe discomforts and adaptively restructure their thinking to let go of stigma and biases by understanding workplace challenges associated with ADHD (Colomer, Martinussen, & Wiener, 2016). However, one of the significant challenges that individuals with ADHD face in their workplaces is ensuring acceptance and awareness among their employers and coworkers (Colomer et al., 2016). People with ADHD want

to be accepted in their work and social environments as individuals with strengths and weakness (Colomer et al., 2016). However, it is important to realize that adult ADHD is real and can cause workplace problems (Colomer et al., 2016, Schoeman, Albertyn, & De Klerk, 2017). Schoeman et al. (2017) stated that the lack of awareness of adult ADHD has meant that many individuals have found it difficult to maintain and sustain employment. Schoeman et al. suggested that lack of awareness and knowledge, as well as misconceptions regarding adult ADHD in the workplace, left employers unable to accommodate employees with ADHD or offer supportive strategies so that such employees could successfully complete their tasks.

Seven out of 12 participants believed that they would be comfortable with disclosing their ADHD if their employers or coworkers understood and were aware of the disorder. Eleven participants believed that educating employers and coworkers about adult ADHD would lead to them having a more productive work environment. However, ten participants reported that adult ADHD was not talked about enough in their workplaces and was not recognized as a disorder. Five participants described finding good employers who understood adults with ADHD and would work with such adults. Beth reported that she thought this issue needed to be addressed. She also believed that most people with ADHD felt uncomfortable disclosing their disorder to their superiors at work. Isa reported that she felt that most employers and coworkers misunderstand ADHD. She felt that the disorder was viewed negatively as something that prevented people from performing at their best. Isa also believed that self-awareness of adult ADHD could be assessed in workplaces. Trina reported that there should be more

employment programs to help people like her identify the skills needed to be successful at work.

### **Self-Efficacy Theory**

Self-efficacy theory formed the framework for this study (Bandura, 1997). Adults with ADHD, who struggle with activation, attentiveness, effort, emotional interference, and accessing memory, are unlikely to develop a sense of personal mastery over crucial work tasks (Newark et al., 2016). This in turn negatively affects their self-efficacy, which is defined as an individual's self-perception of his or her ability to perform a given task (Bandura, 1997; Barkley, 2015). Bandura's theory suggests that cognitive processing of social information can influence an individual's performance. An individual's beliefs about his or her ability to deliver the effort, cognitive resources, and behavioral strategies necessary for successful task completion are significant factors in performance and satisfaction (Bandura, 1997).

Participants succeeded at work when they were able to initiate a task with appropriate behavioral strategies or support systems in place. Participants revealed several effective behavioral strategies and support systems that enabled them to successfully initiate tasks. Because of these, eleven participants were satisfied with their work performance and outcomes. Eleven participants performed at their best because they used the necessary behavioral strategies or support systems. Their ability to perform well led these participants to have curiosity, flexibility, and access to positive resources, such as a therapist, to-do lists, calendars, checklists, and an assistant. Participants operated in their workplaces with optimistic assumptions about the understanding of employers and coworkers regarding adult ADHD. Eleven out of 12 participants had high

self-efficacy because they effectively demonstrated the behaviors necessary to achieve desired outcomes.

### **Limitations of the Study**

This study is a valuable addition to the existing literature on adults with ADHD in the workplace. Although thematic analysis reached saturation, it is possible that I would have obtained additional results if I had had the opportunity to interview a more diverse group of participants. Each interview lasted approximately 60 minutes, which was not long enough for participants to share all of their experiences related to the topic.

I limited the sample to people who were currently working or had been working within 2 years. This limitation influences my decision on how many years employed not how long these adults stay employed. Interviewing participants who had had childhood ADHD could have led to a deeper understanding of the impact and advantages or disadvantages of adult ADHD. However, childhood ADHD was not the focus of the study.

Another limitation was researcher bias. My experiences and cultural background may have influenced the study. At the time of the study I was the parent of two children with ADHD, an ADHD coach, and a trained clinician specializing in adult ADHD who was working in the community with working adults with ADHD and other mental health issues. I demonstrated credibility by reflectively identifying how my personal experiences, surroundings, language, and cultural background could influence my interpretations. I used a field journal and memos during the study to record my own thoughts and viewpoints. And I used peer review (Appendix I) and member checking to

minimize personal bias during and after participant interviews and to confirm that the recorded responses of participants precisely reflected the participants experiences.

### **Recommendations**

I focused in this study on adults with ADHD. More research could be conducted on psychosocial treatments for adolescents with ADHD to prepare them to transition to working adulthood. Studying adolescents would be significant from a theoretical point of view, especially via a long-term study that examined what psychosocial treatments are effective to help adolescents find the best career path in the context of academics, job readiness skills, and the world of work. Lack of training or guidance for adolescents with ADHD regarding self-management of their symptoms in adulthood could lead to substantial difficulties with educational, social, and occupational functioning (Nadeau, 2015). More research on the strategies and support systems used by adults with ADHD could lead to improved workplace understanding, awareness, guidance, and acceptance.

### **Implications**

#### **Positive Social Change**

The findings have the potential to create positive social change for individuals with ADHD, mental health practitioners, clergy members, leaders of organizations, and various professionals seeking in-depth contextual information regarding workplace behavioral strategies and support systems employed by adults with ADHD.

Study participants indicated that controlling their symptoms was tremendously challenging a times, especially for those participants who had not disclosed their ADHD to their employer. Therefore, an implication for social change is recognition of the workplace challenges facing adults with ADHD, the behaviors of these adults that



contribute to a steady work environment, the strengths as well as weaknesses these individuals possess, and the simple strategies they use to manage their ADHD. It would benefit adults with ADHD to be confident about themselves and comfortable disclosing their ADHD at work, because they could then receive the necessary accommodations, modifications, and supports that they need to succeed in their work.

### **Recommendations for Practice**

For mental health professionals and clergy members, the findings of my study and earlier studies (Barkley, 2015; Canela et al., 2017; Nadeau, 2015; Sansosti et al., 2017) point to the importance of taking time to understand the challenges of individuals with ADHD regarding their symptoms. For example, Rissa was uncomfortable disclosing her ADHD because of misconceptions about adult ADHD and the daily challenges people with it face at work. Establishing awareness and acceptance should be a priority, but examining individuals' strategies and supports, when appropriate, can provide insights.

The findings highlighted the importance of accurately understanding words, because participants varied in how they conceptualized the terms *awareness* and *acceptance*. Trina said, "How do you become more culturally competent to make it pleasant for everybody? How do you prepare another generation that has ADHD?" Gaining understanding of adult ADHD and implementing simple strategies to control its symptoms are often all that is needed to improve job performance (Kreider et al., 2019).

Relationships and mental health concerns are significant for organizations because they can affect workplace safety and productivity. Creating awareness of ADHD in a workplace can lead to more openness, better communication, and potential accommodations. According to Nadeau (2005), the key to workplace success despite

ADHD is to modify the work environment. To ensure that adults with ADHD work efficiently, employers need to provide accommodations, modifications, and supportive strategies that enable these individuals to maximize their strengths while performing job-related tasks (Kreider et al., 2019; Nadeau, 2015; Sedgwick et al., 2018). Organizations can flourish when employers understand adult ADHD not as a stigma that impedes performance but as an asset that can generate hope, awareness, empowerment, and connections in the workplace.

### **Conclusion**

Many of the participants revealed an absence of accommodations, modifications, or supportive strategies in their workplaces, but nevertheless utilized their own strategies, such as to-do lists, calendars, and timers. Participants often had to figure out what strategy or support system worked best for them. Others however, reported that they had been helped by an understanding employer to whom they felt comfortable disclosing their ADHD.

The findings of this study support those of earlier studies and indicated that workplace strategies and support systems are persistent problems in the lives of working adults with ADHD. The findings confirm that appropriate modifications, accommodations, and supportive strategies for adults with ADHD can have a tremendous impact on the working lives of these adults.

## References

- Adamou, M., Arif, M., Asherson, P., Aw, T., Bolea, B., Coghill, D., . . . Young, S. (2013). Occupational issues of adults with ADHD. *BMC Psychiatry, 13*(1), 59–74. doi:10.1186/1471-244X-13-59
- Almasi, N. G. (2016). The comparison of self-efficacy dimensions in ADHD and normal students. *Open Journal of Medical Psychology, 5*, 88–91. doi:10.4236/ojmp.2016.5401
- Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity, 23*(3), 121–127.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Arns, M., van der Heijden, K. B., Arnold, L. E., & Keremans, J. L. (2013). Geographic variation in the prevalence of attention-deficit/hyperactivity disorder: A sunny perspective. *Biological Psychiatry, 10*, 1–6. doi:10.1016/j.biopsch.2013.010
- Bachmann, K., Lam, A. P., & Philipsen, A. (2016). Mindfulness-based cognitive therapy and the adult ADHD brain: A neuropsychotherapeutic perspective. *Frontiers in Psychiatry, 7*, 117. doi:10.3389/fpsy.2016.00117
- Banaschewski, T., Coghill, D., & Zuddas, A. (2018). *Oxford textbook of attention-deficit/hyperactivity disorder*. New York, NY: Oxford University Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: Freeman.
- Barkley, R. A. (2013). Distinguishing sluggish cognitive tempo from attention deficit hyperactivity disorder in adults. *Journal of Abnormal Psychology, 121*, 978–990. doi:10.1037/a0023961

- Barkley, R. A. (2015). Educational, occupational, social, and financial impairment in adults with ADHD. In R. A. Barkley (Ed.), *Attention deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4th ed., pp. 69-104). New York, NY: Guilford Press.
- Biederman, J., Mick, E. R., Aleardi, M., Potter, A., & Herzig, K. (2005). A stimulated workplace experience for non-medicated adults with and without ADHD. *Psychiatric Services*, 56, 1617–1620. doi:10.1176/appi.ps.56.12.1617
- Blum, K., Chen, A. L.-C., Braverman, E. R., Comings, D. E., Chen, T. J., Arcuri, V., . . . Oscar-Berman, M. (2008). Attention-deficit-hyperactivity disorder and reward deficiency syndrome. *Neuropsychiatric Disease and Treatment*, 4, 893–918. doi:10.2147/NDT.S2627
- Bozionelos, N., & Bozionelos, G. (2013). Research briefs: Attention deficit/hyperactivity disorder at work: Does it impact job performance. *Academy of Management Perspectives*, 27(3), 1-3. doi:10.5465/amp.2013.0107
- Brod, M., Pohlman, B., Lasser, R., & Hodgkins, P. (2012). Comparison of the burden of illness for adults with ADHD across seven countries: A qualitative study. *Health and Quality of Life Outcome*, 10, 1–13. doi:10.1186/1477-7525-10-47
- Bussing, R., Koro-Ljungberg, M., Gurnani, T., Wilson Garvan, C., Mason, D., Noguchi, K., & Albarracin, D. (2016). Willingness to use ADHD self-management: Mixed methods study of perceptions by adolescents and parents. *Journal of Child Family Study*, 25, 562–573. doi:10.1007/s10826-015-0241-4

- Canela, C., Buadze, A., Dube, A., Eich, D., & Liebreinz, M. (2017). Skills and compensation strategies in adult ADHD: A qualitative study. *PLOS One*, 12, e0184964. doi:10.1371/journal.pone.0184964
- Canu, W. H., & Wymbs, B. T. (2015). Novel approaches to cognitive-behavioral therapy for adult ADHD. *Cognitive and Behavioral Practice*, 22, 11–115. doi:10.1016/j.cbpra.2015.01.002
- Carnes, B., & Holloway, M. (2010). Attention deficit hyperactivity disorder (ADHD) in the workplace. *Graziadio Business*, 12(2), 1–8. Retrieved from <http://www.gbr.pepperdine.edu>
- Cartwright, T. A. (2015). The ADHD explosion: Myths, medication, money, and today's push for performance. *American Medical Writers Association Journal*, 30(2), 74.
- Chan, Z. C., Fung, Y., & Chien, W. (2013). Bracketing in phenomenology: Only taken in the data collection and analysis process. *The Qualitative Report*, 18(30), 1–9. Retrieved from <http://nsuworks.nova.edu/tqr/>
- Chang, Y., & Edwards, J. K. (2015). Examining the relationships among self-efficacy, coping and job satisfaction using social career cognitive theory: An SEM analysis. *Journal of Career Assessment*, 23(1), 35–47. doi:10.1177/1069072714523083
- Chaudhary, R., Rangekar, S., & Barua, M. K. (2012). Impact of occupational self-efficacy on employee engagement: An Indian perspective. *Journal of the Indian Academy of Applied Psychology*, 38(2), 329–338. Retrieved from <https://jjaap.org>

- Coetzer, G. (2016). An empirical examination of the relationship between adult attention deficit and the operational effectiveness of project managers. *International Journal of Managing Projects in Business*, 9(2), 583–605. doi:10.1108/IJMPB-01-2016-0004
- Cole, P., Weibel, S., Nicastro, R., Hasler, R., Dayer, A., Aubry, J. M., . . . Perroud, N. (2016). CBT/DBT skill training for adults with attention deficit hyperactivity disorder (ADHD). *Psychiatry Danubina*, 28(1), 103–107.
- Colomer, C., Martinussen, R., & Wiener, J. (2016). Name of the article. *Current Development Disorders Reports*, 3, 1. doi:10.1007/s40474-016-0073-y
- Corbin, J. M., & Strauss, A. L. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among the five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Davis, L., Storlie, C. A., Dipeolu, A., & Smyth, A. (2015). Inclusive career counseling: Family of origin impact while working with individuals with ADHD. *Career Planning & Adult Development Journal*, 31(4), 80–88.
- Del Libano, M., Llorens, S., Salanova, M., & Schaufeli, W. B. (2012). About the dark and bright sides of self-efficacy: Workaholism and work engagement. *The Spanish Journal of Psychology*, 15, 688–701.  
doi:10.5209/re\_SJOP.2012.v15.n2.38883

- Dempsey, A., Dyhouse, J., & Schafer, J. (2011). The relationship between executive functions, AD/HD, overeating and obesity. *Western Journal of Nursing Research*, 33, 609–629. doi:10.1177/0193945910382533
- Dias, T. G. C., Kieling, C., Graeff-Martins, A. S., Moriyama, T. S., Rohde, L. A., & Polanczyk, G. V. (2013). Developments and challenges in the diagnosis and treatment of ADHD. *Revista Brasileira de Psiquiatria*, 35, S40–S50. doi:10.1590/1516-4446-2013-S103
- Dipeolu, A., Hargrave, S., & Storlie, C. A. (2015). Enhancing ADHD and LD diagnostic accuracy using career instruments. *Journal of Career Development*, 42, 19–32. doi:10.1176/0894845314521691
- Dittner, A. J., Rimes, K. A., Russell, A. J., & Trudie, C. (2014). Protocol for a proof of concept randomized controlled trial of cognitive-behavioral therapy for adult ADHD as a supplement to treatment as usual, compared with treatment as usual alone. *BioMed Central Psychiatry*, 14, 248–259. doi:10.1186/s12888-014-0248-1
- Ek, A., & Isaksson, G. (2013). How adults with ADHD get engaged in and perform everyday activities. *Scandinavian Journal of Occupational Therapy*, 20(4), 282–291. doi:10.3109/11038128.2013.799226
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Auto-ethnography: An overview. *Forum: Qualitative Social Research*, 12(1).
- Ettenhofer, M. L., Stavro, G. M., & Melrose, R. J. (2016). Return to work in mild cognitive disorders. In L. Schultz & R. Gathchel (Eds.), *Handbooks in Health, Work, and Disability: Vol. 1. Handbook of return to work*. doi:10.1007/978-1-4899-7627-7\_31

- Fields, S. A., Johnson, W. M., & Hassig, M. B. (2017). Adult ADHD: Addressing a unique set of challenges. *Journal of Family Practice*, 66(21), 68–74.
- Fleming, A. P., McMahon, R. J., Moran, L. R., Peterson, P., & Dreessen, A. (2014). Pilot randomized controlled trial of dialectical behavior therapy group skills training for ADHD among college students. *Journal of Attention Disorders*, 19(3), 260–271. doi:10.1177/1087054714535951
- Fletcher, J. (2013). The effects of childhood ADHD on adult labor market outcomes. *Journal of Economic Behavior & Organization*, 46, 249–269.  
doi: 10.1002/hec.2907
- Fried, R., Surman, C., Hammerness, P., Petty, C., Faraone, S., Hyder, L., . . . Biederman, J. (2012). A controlled study of simulated workplace laboratory for adults with attention deficit hyperactivity disorder. *Psychiatry Research*, 200, 949–956.  
doi:10.1016/j.psychres.2012.04.020
- Fuermaier, A. B. M., Tucha, L., Koerts, J., Achenbrenner, S., Westermann, C., Weisbrod, M., . . . Tucha, O. (2013). Complex perspective memory in adults with attention deficit hyperactivity disorder. *PLoS ONE*, 8, e58338.  
doi:10.1371/journal.pne.0058338
- Gerber, P. J., Ginsberg, R., & Reiff, H. B. (1992). Identifying alterable patterns in employment success for highly successful adults with learning disabilities. *Journal of Learning Disabilities*, 25, 475–487.  
doi:10.1177/00222221949202500802



- Ginsberg, Y., Beusterien, K. M., Amos, K., Jousselin, C., & Asherson, P. (2014). The unmet needs of all adults with ADHD are not the same: A focus on Europe. *Expert Review of Neurotherapeutics*, 14, 799–812.  
doi:10.1586/14737175.2014.926220
- Halloway, E. M., & Ratey, J. J. (2011). Adult ADHD 50 tips on management. In E. M. Halloway & J. J. Ratey (Eds.), *Driven to distraction: Recognizing and coping with attention deficit disorder from childhood through adulthood* (pp. 35–65). New York, NY: Pantheon.
- Harpin, V. A. (2014). The effect of ADHD on the life of an individual, their family, and community from preschool to adult life. *Archives of Disease in Childhood*, 90(1), i2–i7. doi:10.113a/adc.2004.059006
- Hepark, S., Janssen, L., de Vries, A., Schoenberg, P. L., Donders, R., Kan, C. C., & Speckens, A. E. (2015). The efficacy of adapted MBCT on core symptoms and executive functioning in adults with ADHD: A preliminary randomized controlled trial. *Journal of Attention Disorder*, 23, 351–362. doi:10.1177/1087054715613587
- Huang, F., Qian, Q., & Wang, Y. (2015). Cognitive behavioral therapy for adults with attention-deficit hyperactivity disorder: Study protocol for a randomized controlled trial. *BioMed Central*, 16, 161–171. doi:10.1186/s13063-015-0686-1
- Iroegbu, M. N. (2015). Self-efficacy and work performance: A theoretical framework of Albert Bandura's model: Review of findings, implication, and directions for future research. *Psychology and Behavioral Sciences*, 4, 170–173.  
doi:10.11648/j.bps.20150404.15

- Janssen, L., Kan, C. C., Capentier, P. J., Sizoo, B., Hepark, S., Grutters, J., . . . Speckens, A. E. M. (2015). Mindfulness based cognitive therapy versus treatment as usual in adults with attention deficit hyperactivity disorder (ADHD). *BMC Psychiatry*, *15*, 216–226. doi:10.1186/s015-0591-x
- Khan, S. H. (2014a). Phenomenography: A qualitative research methodology in Bangladesh. *International Journal of New Trends in Education and Their Implications*, *5*, 34–43.
- Khan, S. H. (2014b). Qualitative research method: Phenomenology. *Asian Social Science*, *10*, 298–310. doi:10.5539/ass.v10n21p298
- Kirino, E., Imagawa, K., Goto, T., & Montgomery, W. (2015). Sociodemographics, comorbidities, healthcare utilization and work productivity in Japanese patients with Adult ADHD. *PLoS ONE*, *10*(7), 1–10. doi:10.1371/journal.pone.0132233
- Klein, R. G., Mannuzza, S., & Olazagasti, M. A. (2012). Clinical and functional outcome of childhood attention-deficit/hyperactivity disorder 33 years later. *Archives of General Psychiatry*, *69*, 1295–1303. doi:10.1001/archgenpsychiatry.2012.271
- Knouse, L. E. (2014). Cognitive-behavioral therapies for ADHD. In R. A. Barkley (Ed.), *Attention-deficit hyperactivity: A handbook for diagnosis and treatment* (4th ed., pp. 757–773). New York, NY: Guilford Press.
- Knouse, L. E., Anastopoulos, A. D., & Dunlosky, J. (2012). Isolating metamemory deficits in the self-regulated learning of adults with ADHD. *Journal of Attention Disorders*, *16*, 650–660. doi:10.1177/10870547114171231

- Knouse, L. E., & Fleming, A. P. (2016). Applying cognitive-behavioral therapy for ADHD to emerging adults. *Cognitive and Behavioral Practice*, 23, 300–315. doi:10.1016/j.cbpra.2016.03.008
- Knouse, L. E., Teller, J., & Brooks, M. A. (2017). Meta-analysis of cognitive-behavioral treatments for adult ADHD. *Journal of Counseling and Clinical Psychology*, 85, 737–750. doi:10.1037/ccp0000216
- Kreider, C. M., Medina, S., & Slamka, M. R. (2019). Strategies for coping with time-related and productivity challenges of young people with learning disabilities and attention deficit/hypoactivity disorder. *Journal of Children*, 6(28), 2–13. doi:10.3309/children6020028
- Kubik, J. A. (2010). Efficacy of ADHD coaching for adults with ADHD. *Journal of Attention Disorders*, 13(5), 442–453. doi:10.1177/1087054708329960
- Kumperscak, H. G. (2013). ADHD through different developmental stages. In Attention deficit hyperactivity disorder in children and adolescents. IntechOpen.
- Küpper, T., Haavik, J., Drexler, H., Ramos-Quiroga, J., Wermelskirchen, D., Prutz, C., & Schauble, B. (2012). The negative impact of attention-deficit/hyperactivity disorder on occupational health in adults and adolescents. *International Archives of Occupational & Environmental Health*, 85, 837–847. doi:10.1007/s00420-012-0794-0
- Kysow, K., Park, J., & Johnston, C. (2017). The use of compensatory strategies in adults with ADHD symptoms. *Journal of Attention Deficit/Hyperactivity Disorder*, 9, 73–88. doi:10.1007/s12402-016-0205-6

- Lasky, A. K., Weisner, T. S., Jensen, P. S., Hinshaw, S. P., Hechtman, L., Arnold, L. E., & Swanson, J. M. (2016). ADHD in context: Young adults' reports of the impact of occupational environment on the manifestation of ADHD. *Social Science and Medicine*, 161, 160–168. doi:10.1016/j.socscimed.2016.06.003
- Lavasani, S., What, N. A., & Ortega, A. (2015). Work ability of employees with disabilities in Malaysia. *Institute for Social Science Studies*, 26(2), 22–46. doi:10.5463/DCIO.v26i2.428
- Lee, C. S., Ma, M., Ho, H., Tsang, K., Zhang, Y., & Wu, Z. (2017). The effectiveness of mindfulness-based intervention in attention on individuals with ADHD: A systematic review. *Hong Kong Journal of Occupational Therapy*, 30, 33–41. doi:10.1016/j.hkjot.2017.05.001
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324–327. doi:10.4103/2249-4863.161306
- Lin, C. S. (2013). Revealing the “essence” of things: Using phenomenology in LIS research. *Qualitative and Quantitative Methods in Libraries*, 4, 469–478.
- Lindstedt, H., & Umb-Carlsson, O. (2013). Cognitive assistive technology and professional support in everyday life for adults with ADHD. *Disability and Rehabilitation Assistive Technology*, 8, 402–408. doi:10.3109/17483107.2013.769120
- Lindstrom, L., Kahn, L. G., & Lindsey, H. (2013). Navigating the early career years: Barriers and strategies for young adults with disabilities. *Journal of Vocational Rehabilitation*, 39(1), 1–12. doi:10.3233/JVR-130637

- Lopez, P. L., Torrente, F. M., Ciapponi, A., Lischinsky, A. G., Cetkovich-Bakmas, M., Rojas, J. L., . . . Manes, F. F. (2013). Cognitive-behavioral interventions for attention deficit hyperactivity disorder (ADHD) in adults (protocol). *Cochrane Database of Systematic Review*, *11*, 16–31. doi:10.1002/14651858.CD010840
- Martinez-Raga, J., Szerman, N., Knecht, C., & Alvaro., R. (2013). Attention deficit hyperactivity disorder and dual disorders. Educational needs for an underdiagnosed condition. *International Journal of Adolescent Medicine and Health*, *25*, 231–243. doi:10.1515/ijamh-2013-0057
- Matheson, L., Asherson, P., Wong, I. C., Hodgkins, P., Setyawan, J., Sasane, R., & Clifford, S. (2013). Adult ADHD patient experiences of impairment, service provision and clinical management in England: A qualitative study. *BioMed Central Health Services Research*, *13*(184), 2–13. doi:10.1186/1472-6963-13-184
- Metofe, P. A., Gardiner, C., Walker, A., & Wedlow, W. (2014). The influence of psychological factors on academic performance in African American students: Another case for conscientiousness. *Psychology Journal*, *11*(2), 60–67.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A method sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- Mitchell, J. T., Zylowska, L., & Kollins, S. H. (2015). Mindfulness meditation training for attention-deficit/hyperactivity disorder in adulthood: Current empirical support, treatment overview, and future directions. *Cognitive and Behavioral Practice*, *22*, 172–219. doi:10.1016/j.cbpra.2014.10.002

- Mordre, M., Groholt, B., Sandstad, B., & Myhre, A. M. (2012). The impact of ADHD symptoms and global impairment in childhood on working disability in mid-adulthood: A 28-year follow-up study using official disability pension records in a high-risk in-patient population. *BMC Psychiatry*, *12*, 174–182. doi:10.1186/1471-244X-12-174
- Morgensterns, E., Alfredsson, J., & Hirvikoski, T. (2015). Structured skills training for adults with ADHD in an inpatient psychiatric context: An open feasibility trial. *Attention Deficit Hyperactivity Disorder*, *8*, 101-111. doi:10.1007/s12402-015-0182-1
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Nadeau, K. G. (2005). Career choices and workplace challenges for individuals with ADHD. *Journal of Clinical Psychology*, *61*, 549–563. doi:10.1002/jclp.20119
- Nadeau, K. G. (2015). *The ADHD guide to career success: Harness your strengths, manage your challenges* (2nd ed.). New York, NY: Taylor & Francis.
- Nakamura, S., Ohnishi, M., & Uchiyama S. (2013). Epidemiological survey of adult attention deficit hyperactivity disorder. *Japanese Journal of Psychiatry*, *28*, 155–162.
- Nasri, B., Castenfors, M., Fredlund, P., Ginsberg, Y., Lindefers, M., & Kaldo, V. (2017). Group treatment for adults with ADHD based on the novel combination of cognitive and dialectical behavior interventions: A feasibility study. *Journal of Attention Disorders*, *132*, 133-150. doi:10.1177/1087054717690231
- National Resource Center on Attention Deficit Hyperactivity Disorder. (2013). *Succeeding in the workplace*. Washington, DC: Author.

- Newark, P. E., Elsasser, M., & Stieglitz, R. (2016). Self-esteem, self-efficacy, and resources in adults with ADHD. *Journal of Attention Disorders*, 20, 279–290. doi:10.1177/1087054712459561
- Nguyen, B., Steel, P., & Ferrari, J. R. (2013). Procrastination's impact in the workplace and the workplace's impact on procrastination. *International Journal of Selection & Assessment*, 21(4), 388–399. doi:10.1111/ijsa.12048
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence Based Nurse*, 18, 34–35. doi:10.1136/eb-2015-102054
- Nvivo (Version 11) [Computer software]. Sage Publications, London.
- Olivier, T., & Gomes, A. (2012). The value of coached behaviour modification in the effective management of attention deficit hyperactivity disorder (ADHD). In J. M. Norvilitis (Ed.), *Current directions in ADHD and its treatment* (pp. 211–232). doi:10.5772/31318
- Palinks, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2013). Purposeful sampling for qualitative data collection and analysis in mixed implementation research. *Administration Policy Mental Health*, 28, 1–13. doi:10.1007/s10488-013-0528-y
- Patton, M. Q. (2014). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, CA: Sage.
- Pettersson, R., Soderstrom, S., Edlund-Soderstrom, K., & Nilsson, K. W. (2017). Internet-based cognitive behavioral therapy for adults with ADHD in outpatient psychiatric care: A randomized trial. *Journal of Attention Disorders*, 21, 508–521. doi:10.1177/1087054714539998

- Pitts, M., Mangle, L., & Asherson, P. (2015). Impairments, diagnosis and treatments associated with attention-deficit/hyperactivity disorder (ADHD) in the U.K. adults: Results from the lifetime impairments survey. *Archive of Psychiatric Nursing*, 29, 56–63. doi:10.1016/j.apnu.2014.10.001
- Posner, J., Kass, E., & Hulvershorn, L. (2014). Using stimulants to treat ADHD-related emotional liability. *Current Psychiatry Republic*, 16(10), 478–513. doi:10.1007/s1192-014-0478-4
- Prevatt, F., Lampropoulos, G. K., Bowles, V., & Garrett, L. (2011). The use of between session assignments in ADHD coaching with college students. *Journal of Attention Disorders*, 15, 18–27. doi:10.1177/1087054709356181
- Prevatt, F., & Yelland, S. (2013). An empirical evaluation of ADHD coaching in college students. *Journal of Attention Disorders*, 19, 666–677. doi:10.1177/1087054713480036
- Rabenu, E., & Tziner, A. (2016). Selection of employees with disabilities: Has the burden on the employer become too heavy? *Amfiteatru Economic*, 18(42), 423–431. doi: 10419/169010
- Ramos-Quiroga, J. A., & Sagues, M. O. (2013). Adult ADHD: An area lacking in clinical research. *Clinical Investigation*, 3, 803–805. doi:10.455/CLI.13.69
- Ramsay, J. R. (2010). CBT for adult ADHD: Adaptations and hypothesized mechanisms of change. *Journal of Cognitive Psychotherapy*, 24, 37–45. doi:10.1891/0889-8391.241.1.37



- Ramsay, J. R. (2015). Turning intentions into actions: CBT for adult ADHD focused on implementation. *Clinical Case Studies, 15*(3), 1–19.  
doi:10.1177/153465011561143
- Ramsay, J. R. (2017). The relevance of cognitive distortions in psychosocial treatment of adult ADHD. *Professional Psychology: Research and Practice, 48*(1), 62–69.  
doi:10.1037/pro0000101
- Reid, R. C., Bramen, J. E., Anderson, A., & Cohen, M. S. (2014). Mindfulness, emotional dysregulation, impulsivity, and stress proneness among hypersexual patients. *Journal of Clinical Psychology, 70*(4), 313–321. doi:10.1002/jclp.22027
- Reid, R., Hagaman, J. L., & Graham, S. (2014). Using self-regulation strategy development for written expression with students with attention deficit hyperactivity disorder. *Learning Disabilities: A Contemporary Journal, 12*(1), 21–42. doi: 10.1177/10.1177%2F001440290607300103
- Robbins, R. (2017). The untapped potential of the ADHD employee in the workplace. *Cogent Business and Management, 4*, 1271384.  
doi:10.1080/23311975.2016.1271384
- Roddenberry, A., & Renk, K. (2010). Locus of control and self-efficacy: Potential mediators of stress, illness, and utilization of health services in college students. *Child Psychiatry and Human Development, 41*, 353–370.  
doi:10.1007/s10578-010-0173-6
- Rowland, A. S., Skipper, B. J., Umbach, D. M., Rabiner, D. L., Campbell, R. A., Naftel, A. J., & Sandler, D. P. (2015). The prevalence of ADHD in a population-based sample. *Journal of Attention Disorder, 19*, 741–754. doi:10.1177/1087054713799

- Rucklidge, J. J. (2010). Gender differences in attention-deficit/hyperactivity disorder. *Psychiatric Clinics*, 33(2), 357–373. doi:10.1016/j.psc.2010.01.006
- Safren, S. A., Sprich, S., Mimiaga, M. J., Surman, C., Knose, L., Groves, M., & Otto, M. W. (2010). Cognitive behavioral therapy vs. relaxation with educational support for medication-treated adults with ADHD and persistence symptoms. *JAMA*, 304, 857–880. doi:10.1001/jama.2010.1192
- Sansosti, F., Cimera, R. E., Koch, L. C., & Rumrill, P. (2017). Strategies for ensuring positive transition for individuals with attention-deficit/hyperactivity disorder. *Journal of Vocational Rehabilitation*, 47(2), 149–157. doi:10.3233/JVR-170891
- Schafer, E. C., Mathews, L., Mehtab, S., Hilla, M., Munoz, A., Bishop, R., & Moloney, M. (2013). Personal FM systems for children with autism spectrum disorders (ASD) and/or attention-deficit hyperactivity disorder (ADHD): An initial investigation. *Journal of Communication Disorders*, 46(1), 30–52. doi:10.1016/j.jcomdis.2012.09.002
- Schnieders, C. A., Gerber, P. J., & Goldberg, R. J. (2015). Integrating findings of studies of successful adults with learning disabilities: A new comprehensive model for researchers and practitioners. *Journal of Career Planning and Adult Development*, 31(4).
- Schoeman, R., Albertyn, R., & De Klerk, M. (2017). Adult attention deficit hyperactivity disorder. Why should we pay attention? *South African Journal of Psychiatry*, 23, a1072. doi:10.4102/sajpsychiatry.v23i0.1072
- Schreuer, N. (2015). Experience of employed women with attention deficit hyperactivity disorder: A phenomenological study. *Work*, 56(3), 429–441.

doi:10.3233/WOK-172509

Sedgwick, J. A., Merwood, A., & Anderson, P. (2018). The positive aspects of attention deficit hyperactivity disorder: A qualitative investigation of successful adults with ADHD. *Attention Deficit Hyperactivity Disorder*, 11, 241-253.

doi:10.1007/s12402-018-0277-6

Seli, P., Smallwood, J., Cheyne, J. A., & Smilek, D. (2014). On the relation of mind wandering and ADHD symptomatology. *Psychology Bulletin Review*, 22, 629–636. doi:10.375/s13423-014-0793-0

Shahab, M. A., & Nisa, I. (2014). The influence of leadership and work attitudes toward job satisfaction and performance of employee. *International Journal of Managerial Studies and Research*, 2, 69–77. (Online). Retrieved from [www.arcjournals.org](http://www.arcjournals.org)

Shaw, P., Shringaris, A., Nigg, J., & Leibenluft, E. (2014). Emotion dysregulation in attention deficit hyperactivity disorder. *American Journal of Psychiatry*, 171, 276–293. doi:10.1176/appi.ajp.2013.13070966.

Shiels, K., & Hawk, L. W. (2010). Self-regulation in ADHD in the role of error processing. *Clinical Psychology Review*, 30, 951–961. doi:10.1016/j.cpr.2010.06.010

Solanto, M. V., Marks, D. J., Wasserstein, J., Mitchell, K., Abikoff, H., Alvir, J. M., & Kofman, M. D. (2010). Efficacy of meta-cognitive therapy for adult ADHD. *American Journal of Psychiatry*, 167, 958–968. doi: 10.1176/appi.ajp.2009.09081123

- Steinau, S., & Kandemir, H. (2013). Diagnostic criteria in attention deficit hyperactivity disorders changes in DSM 5. *Frontiers in Psychiatry*, 4, 1–2.  
doi:10.3389/fpsy.2013.00049
- Surman, C. B., Biederman, J., Spencer, T., Miller, C. A., McDermott, K. M., & Faraone, S. V. (2013). Understanding deficient emotional self-regulation in adults with attention deficit hyperactivity disorder: A controlled study. *ADHD Attention-Deficit Hyperactivity Disorder*, 5, 273–381. doi:10.1007/s12402-012-0100-8
- Tartakovsky, M. (2018). ADHD in the workplace: Solutions and success. *Psychology Central*, 86, 964-979. Retrieved from <https://psychcentral.com>
- Temi (Version 1) [Computer software]. City, ST: Publisher.
- Thomas, R., Sanders, S., Doust, J., Beller, E., & Glasziou, P. (2015). Prevalence of attention-deficit/hyperactivity disorder: A systematic review and meta-analysis. *Pediatrics*, 135, 994–1001. doi:10.1542/peds.2014-3482
- Tucha, O. (2017). Supporting patients with ADHD: Missed opportunities? *Attention Deficit Hyperactivity Disorder*, 9, 69–71. doi:10.007/s12402-017-0233-x
- Turgay A., Goodman, D. W., Asherson, P., Lasser, R. A., Babcock, T. F., Pucci, M. L., & Barkley, R. (2012). Lifespan persistence of ADHD: The life transition model and its applications. *Journal of Clinical Psychiatry*, 73, 192–201.  
doi:10.4088/JCP.10m06628
- Tuttle, L. J., Ahmann, E., & Wright, S. P. (2016, January). *Emerging evidence for the efficacy of ADHD coaching*. Poster presented at the annual meeting of the American Professional Society of ADHD and Related Disorders, Washington, DC.

- Van Hulst, B. M., de Zeeuw, P., & Durston, S. (2015). Distinct neuropsychological profiles within ADHD: A latent class analysis of cognitive control, reward sensitivity and timing. *Psychological Medicine*, *45*, 735–745.  
doi:10.1017/S0033291714001792
- Verheul, I., Rietdijk, W., Block, J., Franken, H. L., & Thurik, R. (2016). The association between attention-deficit/hyperactivity (ADHD) symptoms and self-employment. *Europe Journal Epidemiology*, *31*, 793–801. doi:10.1007/s10654-016-0159-1
- Vujnovic, R. K., & Fabiano, G. A. (2011). Supporting students with attention-deficit/hyperactivity disorder within a response to intervention framework. *The ADHD Report*, *19*(3), 1–6. doi:10.1521/adhd.2011.19.3.1
- Yin, R. K. (2011). *Qualitative research from start to finish*. New York, NY: Guilford Press.
- Young, S., Emilsson, B., Sigurdsson, J. F., Khondoker, M., Philipp-Wiegmann, F., Baldursson, G., . . . Gudjonsson, G. (2017). A randomized controlled trial reporting functional outcomes of cognitive-behavioral therapy in medication-treated adults with ADHD and co-morbid psychopathology. *European Archives of Psychiatry and Clinical Neuroscience*, *2*, 267–276.  
doi:10.1007/s00406-016-0735-0
- Young, S., Khondoker, M., Emilsson, B., Sigurdsson, J. K., Philipp-Wiegmann, F., Baldursson, G., . . . Gudjonsson, G. (2015). Cognitive-behavioral therapy in medication-treated adults with attention-deficit/hyperactivity disorder and co-morbid psychopathology: A randomized controlled trail using multi-level analysis. *Psychological Medicine*, *45*, 2793–2804.

doi: 0.1017/S0033291715000756

Yuan, E. (2011). Founder and Chief Executive Officer @ Zoom. Retrieved from  
<https://zoom.us/team>.

## Appendix A: Letter of Invitation to Participate

Dear Invitee,

My name is Josephine Harris. I am a doctoral student at Walden University's School of Psychology Program. I am kindly requesting your participation in a doctoral study that I am conducting titled: The Experience of Adults with Attention Deficit Hyperactivity Disorder in the Workplace. The intention is to explore how management strategies and/or support systems adults with ADHD use that help them succeed in the workplace.

This study involves completing basic demographic information and participating in an interview by face-to-face (ZOOM/Skype), and/or telephone of your convenience, and audio recorded.

Participation is completely voluntary, and you may withdraw from the study at any time. This study will keep you and your data confidential, therefore; no identifying information will be presented in the study.

If you would like to participate in the study please read the Informed Consent letter that follows this invitation letter.

Your participation in this research will be of a valuable addition to the research, and the finding could lead to a greater public understanding of management strategies and/or support systems that adults with ADHD employed to succeed in the workplace and the people in the field.

Thank you for your time and participation.

Sincerely,

Josephine L. Harris, M.S.,

Doctoral Student, Walden University

## Appendix B: Participant Thank-You Letter

Date:

Dear [name],

Thank you again for your willingness to participate in my study on the experience of adults with ADHD in the workplace. I greatly appreciate your willingness to meet with me for an extended interview and to share your thoughts about your experiences, which were extremely informative and useful.

I emailed you a transcription of your interview for your own records and to review. Please review the entire document and verify if this accurately reflects your experiences of ADHD in the workplace and the strategies and/or support systems you use in a work setting. Please feel free to respond with any necessary corrections or additions. If you are willing to do this, it will help to guarantee that I am accurately understanding and summarizing what you have shared with me. Your comments will be extremely helpful.

I have greatly valued your participation in this research study and your willingness to share about your experience. If you have any questions or concerns, please contact me at (xxx) xxx- xxx or via email: xxx.xxx@waldenu.edu. Again, thank you so very much for your time and effort that made this research study possible.

With warm regards,

Josephine Harris



## Appendix C: Demographic Questionnaire

### Research Project: The Experience of Adults with ADHD in the Workplace

Demographic questions collect data about the characteristics of the sample populations (e.g., gender, age, race, ethnicity, income, employment, educational level, etc.).

For classification purpose only:

1. What is your gender?

- ☐ Male
- ☐ Female

2. How old are you?

- ☐ 18-29 years old
- ☐ 30-49 years old
- ☐ 50 years and over

3. What do you consider your ethnicity to be?

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

4. What do you consider your race to be?

- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ American Indian or Alaska Native

- Native Hawaiian or Other Pacific Islander
- Other

5. What is the highest-level education you have completed?

- Some high school
- High school diploma or G.E.D.
- Trade/Technical/Vocational Training
- College or Professional School (e.g., M.S., M.A., or Ph.D.)

6. What is your marital status?

- Single
- Married
- Divorced
- Window (er)
- Unmarried Partners

7. What is your current work status?

- Not working/looking for work
- Part-time
- Full-time

8. How many jobs you had or have had in the last 2 years?

- 0-3
- 4-6
- 7 and over

9. What is your annual household income?

- ☐ \$0-25,999
- ☐ \$26,000-\$51,999
- ☐ \$52,000-\$74,999
- ☐ more than \$75,000
- ☐ don't know/decline to say

## Appendix D: Interview Questions Protocol

### The Experience of Adults with Attention-Deficit/Hyperactivity Disorder in the Workplace

1. How would you describe your employment experiences?
2. Which tasks do you conduct at work and how do you perform them?
3. How do you feel when you perform these tasks?
4. How do you initiate a task(s) and what strategies do you use for task(s) completion?
5. What factors facilitate performance of the task(s) and how?
6. How can performance in task(s) make you feel engagement and enjoyment?
7. What management strategies and/or support systems you use/ have used to complete a task(s)?
8. For your current or past job(s), what supportive strategies, accommodations, or modifications are necessary to maximize your success?

9. What else would like to share with me as it relates to having ADHD in the workplace?

(Thank the individual for participating in the interview and study. Review next steps and assure him or her of the confidentiality of responses.)

### Appendix E: Participant Screening Questions

1. Do you have a current diagnosis of ADHD?
2. Are you at least 18-years-old?
3. Are you currently working/have worked in the past two years, or have at least three months or more work experience?
4. Do you have any other disorder(s)?

## Appendix F: Codes and Categories

Categories are in bold, followed by codes.

**Descriptions/Context** - descriptions of difficult to keep employment; descriptions of difficult to maintain employment; descriptions of difficult to focus; descriptions of being on medication; descriptions of the executive functioning (having to make decisions, having to prioritize and things of sort); descriptions of frustration.

**Managing Behaviors**- creating systems; write it down; identifying the best practices; figure it out; differentiate instructions; self-assessments; managing behaviors; organizing it.

**Emotional Responses** - feel good; feel satisfaction; feel frustrated/distracted, when on medications can focus; feels of struggling; feel pretty good; feel like hands tied behind back; like squirrel; it is kind of bored; most of them are really interesting; feel like being in the show; find it very controlling and useful; anxious and overwhelming; kind of repetitive and substantial.

**Management/Supportive Strategies** - use a calendar; breakdown into smaller chunks; block time out; planning; knowing what to do to keep the job; medication; a to-do-list; use sticky notes; use a small room/office space; understanding boss/manage/employer; preparation time; open line of communication; prioritize what needs to get done; manage it timely; utilized a time keeper; addressed the task and then say it needs to get done; reflect on Stephen Covey's seven habits; going to do XXX amount today; set-up habits; writing copious notes; walk away and then come back; talk to people; partner/co-worker for verbal reminders; delegate; self-notes; use a checklist; use alarms; teammates for support; a secretary; follow-up; mental strategy that allow to ask questions; pharmaceutical aspects; cannabis; take a break; disclose the disorder (such as ADHD) to my supervisor; go to a therapist.

**Environmental and Mental Factors** - what is the most important again; performance; Adderall; cannabis; if it is hyper-focused subject; self-checking and addressing roadblocks; any excuse not to work; interject self into that conversation as to supposed to staying on task; a lot of tasks to do; a lot of research skills; looking for new strategies; like to exercise which to a clear mind.

**Motivations** - happier when it is done to satisfaction; the more if the project is like; level of interest; the pleasure of doing a task; enjoying the task; reaching goals; level of self-content; push to do more; it is very fulfilling job; able to do the job well; constant engage.

**Organization/Control** - never ask for accommodations; a good supervisor/boss; being able to deal with it; flexibility; self-motivator; own ways to kind of get things done; a VARIDESK; phone that allow to put reminders on it; telecommuting; access to organizations trainings; Stephen Covey; figure out how; not anything shared office wise;

supervisor check-ins; making sure my manager understands me; evaluate somethings; creativity; talk to my supervisor; create a wall; listen to calming instrumental music; learned to modify and go along with; hide it; super keen on somethings; supportive services.

**Acceptance/Awareness** - finding that system that works; needs to be address in workplace; it is misunderstand; not talked about enough; something that needs accommodations/people recognize as an ADHD adult; make sure that people succeeding in their job; individuals with ADHD could be very high functional; have a job and keep it; executive functioning part; tell a person; definitely connecting with an adult therapist who specializes in ADHD; it is meetings with the boss; staying engage; open up about small office setting; larger offices were like your vocal people and very overwhelming; more employment programs; identifying the skills to be successful and more innovation and more inclusion/diverse populations in our corporation and in workplace period; having support to let people know that is okay, is not a stigma; how do you prepare another generation that has ADHD.



## Appendix G: Research Flyer

**SEEKING VOLUNTEERS FOR A RESEARCH STUDY****“The Experience of Adults with Attention Deficit Hyperactivity Disorder (ADHD) in the Workplace”**

Are you over the age of 18 with a diagnosis of Adult ADHD and currently working/have worked in the past two years? I am a student at Walden University, and conducting a research study for my Walden’s dissertation about adults with ADHD in the workplace and looking for your input! This study will lead to a greater community understanding of management strategies/support systems that adults with ADHD use to succeed in the workplace and professions in the field.

Procedures:

If you agree to be in this study, you will be asked to:

- Complete a brief demographic questionnaire that includes nine questions that will take approximately three minutes to complete.
- Take part in an audio-recorded, face-to-face (ZOOM/Skype), and/or telephone interview at your convenience that will take approximately 1 hour to complete.
- Answer seven questions about the tasks you perform at work and your experiences performing these tasks.

Here are some sample interview questions:

1. What are the strategies and/or support systems that are effective in helping you succeed in the workplace?
2. What was/is your job title and what are/were your duties in that role?
3. Describe how you go about initiating tasks at work?

Compensation

This study is entirely voluntary; there will be no reimbursement or payment for your time.

**If you have any questions or are interested in participating, please contact:**

The researcher at (XXX) XXX-XXX or Email: XXXXX@waldenu.edu

## Appendix H: Peer Review of This? Qualitative Study

The following is a summary of my peer review completed on a qualitative research study undertaken by Josephine Harris, a doctoral candidate at Walden University. The two questions explored in this research study was presented as, “What is the lived experience of ADHD adults in the work setting? And, how do adults with ADHD describe their experience of the specific strategies and/or support systems they used to help them cope with their ADHD in the workplace?”

Review steps completed by this reviewer:

Become familiar with the purpose of the study and the overall research questions.

Reviewed sample interview transcripts and met with the researcher to verify coding.

Examined the content analysis and the researcher interpretations and verified that they were consistent with the sample transcripts reviewed.

Following review of these documents, I met with the researcher to discuss my assessment of the status of her study, including coding procedures and content findings. From the review, I consider this study to be well-designed and thorough, and that the coding procedure accurately represents the study participants’ experiences. From my review of the process employed in this study, the study appears to have been conducted in an ethical manner using procedures and protocols reflective of vigorous qualitative study.



Dr. Chad Ebesutani, Ph.D.  
Peer Reviewer

Date: August 1, 2019